MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01108 CERTIFICATE OF DEATH death. funeral and 1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, 1f institution; Residence before admission) a. CDUNTY b. COUNTY by the f Pages 1 urs after Prince George yland Prince George MARYLAND b. CITY OR TDWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b ve carbon papers. Pagevent, within 72 hours write RURAL and give nearest town) Accokeek Md 17-Years 2 d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled e. IS RESIDENCE ON A FARM? NOVE YES [ within and completely remove carbon 3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED 1-28-1967 Rada Florence Aleshire (Type or print) DEATH 19 6. CDLOR OR RACE | 7. MARRIED X NEVER MARRIED 5. SEX 8. DATE DF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. Months | 8-1903 any Female W-IIS WIDOWED J DIVORCED 63 VIS. 5 10a. USUAL OCCUPATION (Give kind of workdone | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) physician during most of working life, even if retired) INDUSTRY **COUNTRY?** House-wife Luray-Virginia USA None death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Charles E. Turner Lilly H.Rickard 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY ND Address (Yes, no, or unkown) (If yes give war or dates of service) Cecil Aleshire-Accokeek Md-Husband no cremation. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN been signed signed streets to burial, creming DNSET AND DEATH PART I. DEATH WAS CAUSED BY: Immediate Coronary Occlusion-Massive IMMEDIATE CAUSE (a) DUE TO Indefinite Arterio-Sclerosic Heart Disease Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the Indefinite underlying cause last. Aking Process has (c) SP CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate ND YES 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) detached f DR CONTRIBUTING CAUSE DE DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After this MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work p.m OR ATTENDIN be retained b P 21. I certify that (1) (this hospital) attended the deceased from that (I) (we) last DIRECTOR: age 3 should iled with the 5; 39 Am The Canse 9 And on the date stated above. and that death occurred at. saw the deceased\_alive-pn\_= DATE SIGNED 22a. SIGNAPURE 22h. page filed ATTENDING PHYS. DIRECTOR HOSPITAL PHYSICIAN'S ADDRESS TO FUNERAL 22C. 22d. director, p NAME (Type) mes Indian Head E. Andrews NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREDE 23c. 23a REMOVAL (Specify) FUNERAL DIRECTOR **ADDRESS** REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE VR A.15 (4) DATE 20M

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01109 FOR STATE 01109 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) delay i. rnd 3 ta o. COUNTY a. STATE b. COUNTY of Prince George's Maryland MARYLAND Prince George's Deportment b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) ELENGTH OF STAY IN 16 e. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Cheverly days Hvattsville d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? hours in Item 18. Give Pages 1, r's Office alang with farm ate Prince George General Hospital 7328 Forest Road YES NO T after death. 3. NAME OF with the Sto last 4 DATE Month Day Year DECEASED OF Allen (Type or print) DEATH 19 9. AGE (In years IF UNDER 1 YEAR S SFX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthdoy) 3 Manths Dovs Hours WIDOWED DIVORCED event Male White Jan. 1918 11. BIRTHPLACE (State or foreign country) 10g. USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of warking life, even if retired) COUNTRY ? any world wide detective agency Pennsylvania icate, writing the ward "pending" in pencil in be farwarded to the Chief Medical Examiner's pages in any This certificate should be executed within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wm R.Allen Mate Yapel File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ansit permit. (Yes, no, ar unknown) (If yes give war ar dates of service) 206 09 6063 Evelyn V. Allen Hyattsville, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE (AUSE (6) Bilateral severe pneumonitis crematian, DUE TO And cerebral edema and contusion Canditions, if ony, which gove (b) From basalar skull fracture rise ta immediate cause (a) DUE TO stating the underlying cause burial, nsed ( PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED? the certificate, YES X NO its designated agent, priar ta 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should PRIMARY ☑ ar CONTRIBUTING ☐ CAUSE OF DEATH. shauld MELICAL EXAMINER: Pedestrian struck by car. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Year (City or town) (County) (State) factory, street, office bldg., etc.) Hour o.m. While Nat While FUNERAL DIRECTOR: Page While at wark A Rt. 6.00mm p.m. 1-18-Wash. Parkway. Prince Geo. Co please execute 21. I certify that I took charge of the remains described above, held an Autopsy Inspection \ Inquiry \, ond in my opinion Notifal couses, Accident x. deoth resulted from: the funeral directar. Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY pe DEPUTY MEDICAL EXAMINER Ь Riverdale, Md. NAME (Type) John Kehoe, M.D. Health ( 1-25-67 Address (Street, city, tawn, or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) Erie co Pa. 0 Schweikert Funeral Home REMOVAL (Spicify) Jan 25, 1967 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. VR A15ME (5) F. Gasch's Sons Hyattsville, Md. 6M 1/66

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01110 CERTIFICATE OF DEATH deoth. PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth funeral puo 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY PRINCE GEORGES MARYLAND PRINCE GEORGES icion and completely filled in by the fur leose remove carbon papers. Pages 1 and in ony event, within 72 hours after MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) CAPITAL HEIGHTS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS REGENT NURSING HOME, FORESTVILLE 403 CABIN BRANCH ROAD YES NO K 3. NAME OF First DATE Manth Year DECEASED (Type or print) ALSOP JANUARY 5 JULIA 19 67 DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** B. DATE OF BIRTH 9. AGE (In years last birthday) Haurs WIDOWED DIVORCED FEMALE WHITE DECEMBER 24,1892 10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, or fareign cauntry) 12. CITIZEN OF WHAT during mast af warking life, even if retired) HOUSEWIFE INDUSTRY COUNTRY? USA DELAWARE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SULIVAN TIMOTHY SKKXXXX MARGARET DUGAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates of service) 16. SOCIAL SECURITY NO 17. INFORMANT HAROLD D. ALSOP 7322 LACONA ST. BERKSHIRE. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a)\_(b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse ds WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) Haur a.m. factory, street, office bldg., etc.) Nat While 21. I certify that (I) (this hospital) attended the deceased from be retoined TO FUNERAL DIRECTOR: and that death occurred at 7.4 M, from couses and an the date stated above. saw the deceosed olive an 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR STAFF PHYS. Jan 6, 1966 M.D. 22d. ADDRESS Page 4 moy NAME (Type) Thomas F. Cleary M.D. 3611 Branch Ave. Wash D.C. director, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23o. BURIAL, CREMATION 23b. DATE THEREOF (County) CEDAR HILL CEMETERY PRINCE GEORGES, MARYLAND JAN. 7, 1967 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR WILHELM FUNERAL HOME ADDRESS

4308 SUITLAND ROAD, SUITLAND MD.

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EVALUATEDIC CENTIFICATE OF DEATH

FOR STAIL	ULILS MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01113
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)
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Pog Pog	Prince George's MARYLAND Maryland Prince George's  b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
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within pencil Examine File pag	William C. Austin, Sr Sophia M. Ruppla
in i	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Son Address College Park
in in	(Yes, no, or unknown) (If yes give wor or dotes of service)  Dorsey W. Austin 9602-51st Pl., Md.
ld be executed within rd "pending" in pencil Chief Medical Examine transit permit. File page event within 72 hours o	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
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should be e ne word "per o the Chief I buriol-transit n ony event v	Conditions, if ony, which gove )  DUE TO Hypertensive arteriosclerotic heart disease over 2 yrs
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EXAMINER: ute the certifi age 4 should your files. Page 3 shauld cremotion, or	20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Hour o.m. While Not While foctory, street, office bldg., etc.) 20f. (City or town) (County) (Stote)
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rel or	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER
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TO DEPUTY MED necessory, pleose the funerol direct 5 may be retain. TO FUNERAL DIRE Health prior to b	NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) 1-30-67
The Head	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
F - 11 - 1	Burial Jan. 31-67 Cedar Hill Cemetery Suitland, Md.
VP ATENE (5) AT	24. FUNERA DIRECTOR 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
VR A15ME (5) 6M 1/67	Sixtmond Bros1661-Good Hope Rd SE Wash. DC DATE JAN 31 1967 Icharles Judg

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINED'S CEDTIFICATE OF DEATH

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(Typ	oe or print)	Don	ald	Robert		Ball	DEATH	1		5	196	
SEX		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8.	DATE OF BIRTH	9. AGE (In		Months	Doys Doys	Hours	Min.
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	r. G	ascn's sons	пуа	ttsville, Md	•	DATE JA	IN TO 190	5 U		-	/	

VR A 15ME (5) 6M 1/67

FOR STATE

any delay is

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical-Explainmen's Office along with farm PM3. Page

This certificate should be executed within 24 haurs after death. If

TO DEPUTY MEDICAL EXAMINER:

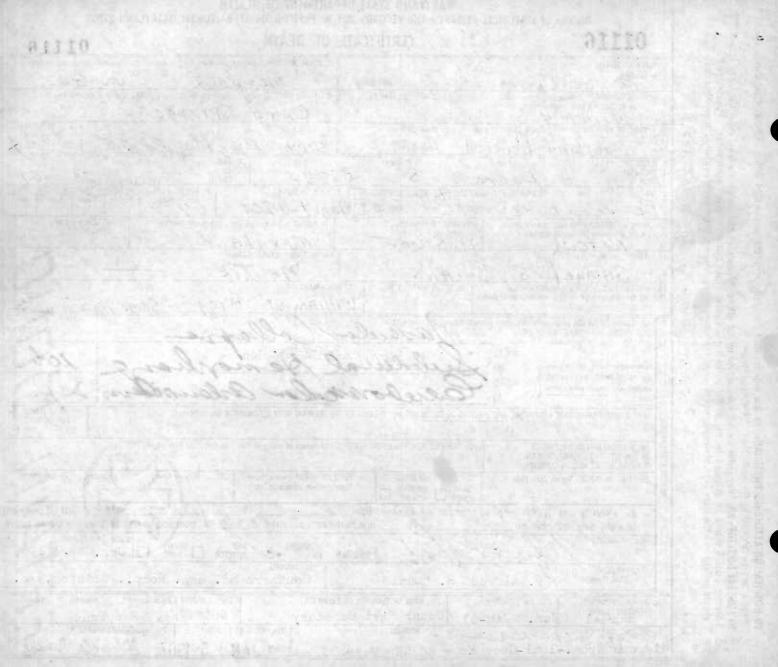
5 may be retained for your files.

10 FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages land 2 with the State Department of

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01116 CERTIFICATE OF DEATH 01116 The law requires that the death certificate be executed within 24 haurs after death physician and campletely filled in by the funeral and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission o. COUNTY o. STATE b. COUNTY RINCE MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If our de corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) please remave carban papers. IS RESIDENCE NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? NO T YES within NAME OF Middle Lost Doy Year First DECEASED DEATH January 196 (Type or print) ura AGE (In years 1 YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours and in any WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) 60r1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the attending physical remaya 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) 10 crematian. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (q), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by attending physician. DUF TO buria Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been priar ta far use as the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) Hour o.m. Not While 19 ot work be retained by 21. I certify that (I) (this hospital) attended the deceased fram 11.0 , 1967, that (I) (we) lost 196/ to 1-23 and that death occurred at 8:10 PM, fram causes and an the date stated above sow the deceased alive an 22b. OATE SIGNED 220. SIGNATURE ATTENDING Jan. 23rd 1967 ~ 22 AM.D. DIRECTOR 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) Or. Alfred Lapin Southern Md. Gen. Hosp., Clinton, Md. directar, shauld b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF (County) (Stote) Cedar Hill Cemetery Suitland, Maryland Jan. 27th-67 REGISTRAR'S SIGNATURE 2So. REC'O BY REGISTRAR 2Sb. **ADDRESS** Immons Bros. -1661-Good Hope Rd SE Wash DC



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence a. COUNTY b. COUNTY 25 Prince Georges Prince Geo's Maryland MARYLAND and p b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) writa RURAL end give nearest fown 2 hours after RURAL-Upper Marlboro Life RURAL-Upper Marlboro filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Box 2811. Route 202 Route 202. Box completely YES X NO 7 3. NAME OF 4. DATE Middle Month Yeer DECEASED OF C Charles Binger (Type or print) Svlvester DEATH January 30 19 67 within carbon 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. and Bbirthday) Months 1878 Hours event, Male WIDOWEDX DIVORCED [ physician 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Own Farm Maryland U. S. A. Tobacco Farming please 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME aftending and William Binger Sarah Jane Buchanan Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Same (Yas, no, or unkown) | (If yes give war or detes of service) 23 Mrs. Hazel L. Moore-Unknown 1B. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c). à INTERVAL BETWEEN 5 QUISET AND DEATH PART I. DEATH WAS CAUSED BY: signed IMMEDIATE CAUSE (e) burial-transit **DUE TO** aftending peen Conditions, if any, which gave rise to immadiate ceuse **DUE TO** (a), stating tha underlying bur ceuse lest. (c) After this certificate the hospital for use as the prior to l PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? prior YES NO 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Part I or Part II of item 18.) Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached MEDICAL 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stete) be retained ō factory, straat, offica bldg., atc.) Not While e.m. Dept. DIRECTOR: at work at work pe 21. [ certify that (I) (this hospital) attended the deceased from.... 19a.7., that (1) (we) last to..... plnods State 1967, and that death occurred at 3 P.M. from the kauses and on the date stated above. saw the deceased alive on..... DATE SIGNED ATTENDING HOSPITAL FUNERAL DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S NAME (Type) filled ' Clark Holmes, M. D. Upper Marlboro, Maryland 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) P P B Ö REMOVAL (Specily) Burial Cemetery Upper Marlboro Md.
BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 2Se. REC'D 24 FUNERAL DIRECTOR'S SIGNATUR VR A15 (4) Ritchie Bros. Upper Marlboro, Md. 20M S-63

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Attonia drop, Toper Mardhoro, Ad.

MAKYLAND STATE DEPAKIMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01117 CERTIFICATE OF DEATH signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please remave carbon papers. Pages 1 and 2 burial, crematian, ar removal, and in any event, within 72 hours after death. executed within 24 haurs after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY D Prince Georges MARYLAND c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 7 mos., 3 wks. Washington Glenn Dale (rural) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 802 9th St., N. E. Glenn Dale Hospital YES NO THE 3. NAME OF Middle 4. DATE Month Dov Year DECEASED 19 67 11 Bingham Joshua (Type or print) DEATH IF UNDER 24 HRS. 9. AGE (In years IF UNDER 1 YEAR DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 52 lost birthdoy) Hours 8/4/1914 DIVORCED Male Negro WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Odd Jobs Bennettsville, S. C. Handyman 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Hattie Ache John Bingham IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) 579-03-2201 Decedent No INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:

A cute right IS CAUSED BY: Acute right coronary artery occlusion 3 ON BUAND SEATH Page 4 may be retained by the haspital or attending physician. (h) Status post left upper lobectomy for pulmonary 2 days Conditions, if ony, which gove rise to immediate couse (a), tuberculosis stoting the underlying couse shauld be detached far use as the with the State Dept. af Health prior ta 13 months (d) Pulmonary tuberculosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)

Generalized arteriosclerosis; diabetes mellitus WAS AUTOPSY PERFORMED? YES PET NO TO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o.m. Not While foctory, street, office bldg., etc.) of work of work 5/23/ , 1966 , to 1/11/ 190/, that (A) (we) last 21. I certify that \*() (this hospital) attended the deceased fram\_ 3 should 1/11/1967, and that death accurred at6:45PM, fram causes and an the date stated above. saw the deceased olive an 22b. DATE SIGNED 22o. SIGNATURE STAFF **ATTENDING** 1/11/67 DIRECTOR PHYS. M.D. PHYS director, page 3 shauld be filed v Glenn Dale Hospital 22c. PHYSICIAN'S NAME (Type) Moe Weiss, M. D. Glenn Dale, Md 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (Stote) 230 BURIAN, CREMATION 23b. DATE THEREOF (County) REMOVAL (Specify) 2So REC'D' BY REGISTRAR REGISTRARIS SIGNATURE **ADDRESS** 24. FUNERAL DIRECTOR

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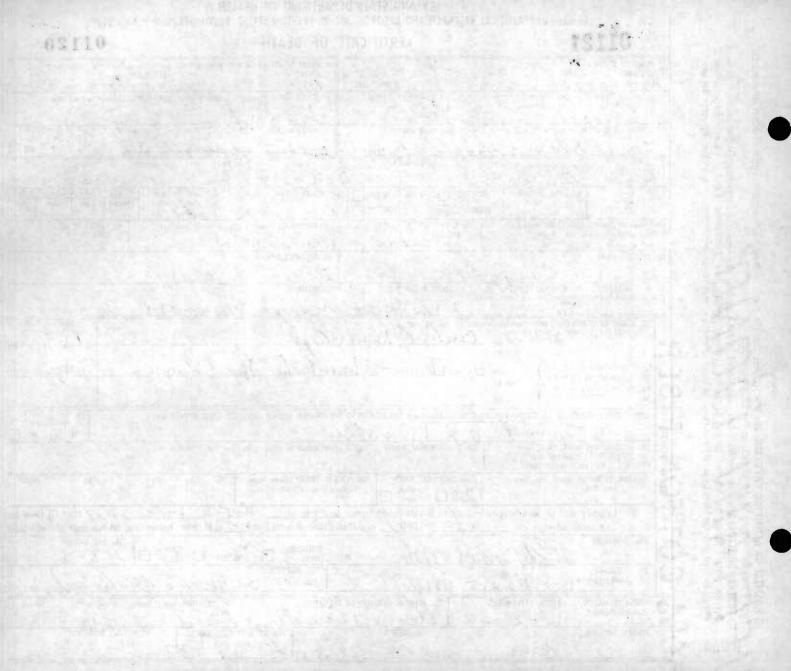
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01119 FOR STAT HEALTH DEP PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission delay is and 3 to o. COUNTY o. STATE b. COUNTY P.M.3. Page permit. File pages 1 and 2 with the State Department of Prince George's MARYLAND Anne Arundel b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b. c. CITY DR TOWN (If outside corparate limits, write RURAL and give nearest town) Suitland Fair Haven hour d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS alang with farm 8. Give Poges 236 Herring Avenue YES NO Andrews Air Force Base Hospital after deoth. 4. DATE NAME OF DECEASED Middle Doy Year Blake DEATH 70 'homas Beverly S. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours any event within 72 haurs ofter death. WIDOWED DIVORCED A 8-1-1894 White Male 10o. USUAL OCCUPATION (Give kind of work done during prost of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT Virginia Auto Mechanic 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME This certificate should be executed within Florence 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unknown) (If yes give wor or dotes of service) Unk. Mrs. Mary Lee Hutchins-Fairhaven, Md. INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Myocardial infarction writing the ward Arteriosclerotic heart disease unknown Conditions, if ony, which gove rise to immediate couse (o), farwarded ta ⊆ DUE TO stoting the underlying couse and WAS AUTOPS) PERFORMED? remayal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) please execute the certificate, YES K NO should be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HDW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 shauld PRIMARY Or CONTRIBUTING crematian, ar CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. FUNERAL DIRECTOR: Page ot work ot work Inspection x, 21. I certify that I took charge of the remains described above, held an Autapsy Inquiry oc. and in my opinion Natural causes on Suicide . death resulted fram: Accident Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER TO **EXAMINER'S** Riverdale, Md. 1-20-67 Kehoe, M.D. Health Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 0 Virginia Mount (alvary (emetery 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15ME (5) DATE 6M 1/67

BILLS " ce Tie R.L. 113 . 60 = ns. a 'ce i circus,  $i \in I \quad \text{(i)} \quad \text{(i)} \quad i \in I \quad \text{(i)} \quad i \in I \quad \text{(i)} \quad \text{(i$ 

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01120 CERTIFICATE OF DEATH deofh. requires that the death certificate be executed within 24 hours after death and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and completely filled in by the funeral remove carbon papers. Pages I and in anv event, within 72 hours after degf o. STATE MARY GEORGE'S MARYLAND c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b CITY OR TOWN (If autside carporate limits, DAYS HILLCREST HEIGHTS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS HOSPITAL ANDREWS 3390 CURTIS DRIVE YES NO X 3. NAME OF First Middle 4. DATE eose remove carbon Last Manth Doy Year DECEASED (Type or print) MARIA BOGGS DEATH JANUARY 9 1967 S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH 7. MARRIED last birthdoy) Manths Days Hours or removol, and in any WIDOWED DIVORCED CAUCASIAN 1928 MAY 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during mast af working life, even if retired) INDUSTRY COUNTRY? HOUSEWIFE TTALY 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME the ottending phys FRANCESCO ANTONIA PACUCCI COLOCO 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dotes of service) 578-48-7553WILLIS BOGGS-SAME AS #2 ABOVE buriol, cremotion, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: RESPIRATORY FAILURE IMMEDIATE CAUSE (a) signed by be retained by the hospital or ottending physician. DUE TO Conditions, if ony, which gave MONTHS PULMONARY METASTASES rise to immediate cause (a) DUE TO for use as the b Health prior to b stoting the underlying couse O FUNERAL DIRECTOR: After this certificate hos been BREAST CANCER MONTHS WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES XX NO 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.) be detoched f OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm, 20d. INJURY OCCURRED (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour a.m. Nat While should be 1966, ta 9 JAN 1967, that (1) (we) last 21. I certify that 10 (this haspital) attended the deceased fram 31 OCT 19 6.7, and that death accurred at 5:30M, fram causes and an the date stated above. saw the deceased alive an 9 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** JAN 67 M.D. director, poge should be filed ADDRESS USA 22c PHYSICIAN'S NAME (Type) .WASHINGTON 2033] STOW LISAF MC CAPT 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. 23b. DATE THEREOF 23d, LOCATION (City or Town) (County) (State) REMOVAL (Specify) Arlington National Arlington. em. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Murphy Funeral Home VR A15 (4) 1967 JAN Charlen

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01120 01121 CERTIFICATE OF DEATH deoth. be executed within 24 hours after death ond completely filled in by the funeral remove corbon popers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) 1. PLACE OF DEATH Marysing o. STATE G. 40799. MARYLAND event, within 72 hours after b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 0 d. STREET ADDRESS popers. d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) YES NO NAME OF 4. DATE Last Day Year DECEASED OF 30 02221063 DEATH 19 6 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX B. DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthday) Days Hours WIDOWED DIVORCED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 10g, USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) INDUSTRY physician Howard Co certificate 10469 W1 14. MOTHER'S MAIDEN NAME Johanna WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT requires that the deoth permit. (Yes, na, or unknawn) (If yes give war or dates af service 1B. CAUSE OF DEATH (Enter anly one cause per line far (a), buriol-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by **O HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Page 4 may be retained by the hospitol or ottending physicion. DUE TO Canditians, if any, which gave rise ta immediate cause (a), stating the underlying cause O FUNERAL DIRECTOR: After this certificate hos been for use as the 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? NO mme 20a. ACCIDENT WAS UNDERLYING □ DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While at wark at work 21. I certify that (I) (this hospital) attended the deceased from 6-16 1-30 , 19 27, that (1) (we) last . 19 5 . to 1967, and that death occurred at 4:45 QM, fram causes and an the date stated above. saw the deceased alive an 1 - 25 22b. DATE SIGNED 22o. SIGNATURE ATTENDING M.D. DIRECTOR PHYS director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 2513 MAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BURIAL, CREMATION, 23b. DATE THEREOF MOVAL (Specify) 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



22c. NAME OF CEMETERY OR CREMATORY

Leakesville Cem.m.

Maryland Maryland

22d\_LOCATION (City, toyon

Leakesvil

24g, REC'D BY REGISTRAR

(Stote)

le, Miss.

24b. REGISTRAR'S SIGNATURE

death. ... should FUNERAL 1

registror

PHYSICIAN'S

NAME (Type) 220. BURIAL, CREMATION,

REMOVAL (Specify)

226. DATE THEREOF

23. FUNERAL DIRECTOR'S SIGNATURE Nalley 18

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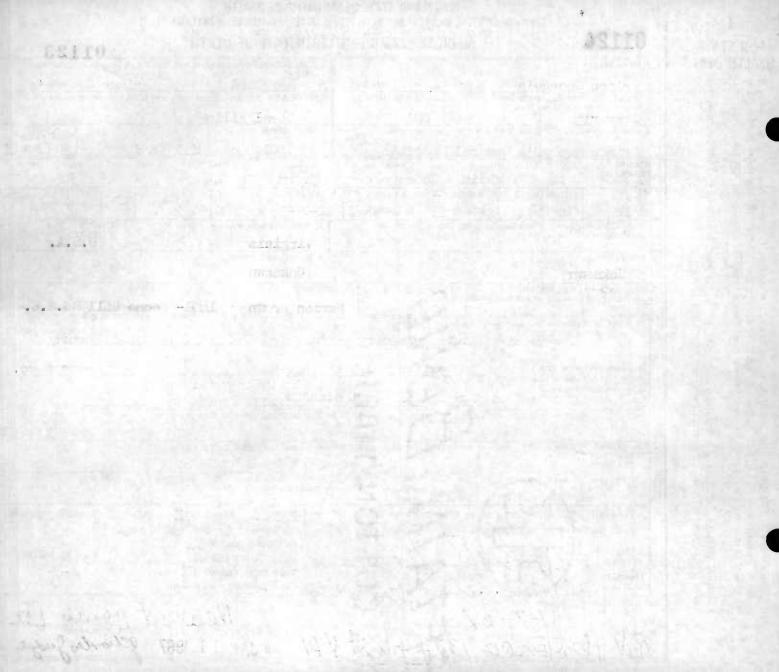
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01124 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAT HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY delay is ond 3 ta PM3. Page af Prince George's Maryland rince George's MARYLAND land 2 with the State Department h CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) puo write RURAL and give nearest tawn) Cheverly Coral Hills DOA d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Office alang with farm 1401 Boone Hill NO TY in Item 18. Give Pages Prince George's Ceneral Hospital This certificate shauld be executed within 24 hours after death. NAME OF Middle 4. DATE Month First Lost Dov Year DECEASED OF Franklin Roosevelt 67 Brown 19 (Type or print) DEATH S SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthdoy) Months Dovs after death. 12-26-35 WIDOWED DIVORCED male Negro 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY Virginia 14. MOTHER'S MAIDEN NAME icate, writing the word "pending" in pencil is be farwarded to the Chief Medical Examine 13. FATHER'S NAME haurs Unknown Unknown File 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. (Yes, no, or unknown) (If yes give wor or dates of service within 11:01- Boone Hill Rd.S.E. Marion Brown INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH event IMMEDIATE CAUSE (6) Acute pulmonary edema OHES writing the word DUE TO any over 6 mo. Conditions, if ony, which gove Congestive heart failure rise to immediate couse (o), 2 inter ventricular DUE TO 0 stoting the underlying couse Congenital heart disease SD septal defect be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? remayal, please execute the certificate, YES X NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld D PRIMARY CONTRIBUTING 4 shauld DICAL EXAMINER: CAUSE OF DEATH. crematian, 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) Yaur Hour o.m. Not While factory, street, office bldg., etc.) While may be retained for your FUNERAL DIRECTOR: Page at work ot work 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection X, Inquiry X, ond in my opinion Notural gauses X. deoth resulted fram: Accident Suicide | Undetermined manner the funeral directar. CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health priar SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** M.D. Riverdale. NAME (Type), John Address (Street, city, town, or county) larvland 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION (County) REMOVAL (Specify) 250. REC'D BY REGISTRAR 24. SUNERAL DIRECTOR VR A15ME (5) 6M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01125 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 01124 HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, it institution; Residence before admission) a. COUNTY a. STATE b COUNTY 2, ond 3 to PM3. Poge Prince George permit. File pages 1 and 2 with the State Department of Prince George MARYLAND b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (II autside carparate limits, write RURAL and give nearest tawn) write RURAL and give negrest tawn) DOA Chapel Oaks d. NAME OF HOSPITAL OR INSTITUTION (II not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? certificate, writing the word "pending" in pencil in Item 18. Give Poges 1, nould be forwarded to the Chief Medical Exominer's Office along with form Prince George General Hospital Chapel Oaks Drive YES NO F This certificate should be executed within 24 hours after death. cate, writing the word "pending" in pencil in Item 18. Give Page NAME OF Last 4. DATE Day Year DECEASED OF Middleton (Type or print) Hattie B rvant 20 19 DEATH IF UNDER 1 YEAR | IF UNDER 24 HR 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED 9. AGE (In years NEVER MARRIED last birthday) Months Days Haurs within 72 hours after death. Negro WIDOWED DIVORCED 28 Feb., 1894 1Db. KIND OF BUSINESS OR 1Da. USUAL OCCUPATION (Give kind a) work done 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even it retired) INDUSTRY Marion Co., S. C.
14. MOTHER'S MAIDEN NAME Retired 13. FATHER'S NAME Henry Middleton Alice Haves Irs. Alice LaGrand, 5411 Chapel Oak, Dr -Mrs. Chapel Oaks, P.G., Co., Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na. ar unknown) (If yes give war or dates of service) No 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH event Heart, failure IMMEDIATE CAUSE (a) Dave DUE TO ony Canditians, il any, which gave Arterioselerotic heart disease rise to immediate cause (a) 2 DUE TO D. stating the underlying cause 19. WAS AUTOPSY PERFORMED? removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 2Da. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should should b 0 PRIMARY I or CONTRIBUTING I MEDICAL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm, (City or town) (State) (County) factory, street, affice bldg., etc.) at wark at wark 21. I certify that I took charge of the remains described above, held on Autopsy , Inspection Inquiry 3 and in my opinion moy be retained for FUNERAL DIRECTOR: Notural couses Acadent \_\_\_\_\_, Suicide [ the funerol director. Undetermined monner deoth resulted from: . Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Heolth prior SIGNATURE DEPUTY MEDICAL EXAMINER M.D., Riverdale, Md. **EXAMINER'S** 1-21-67 Kehoe, NAME (Type) Address (Street, city, tawn, or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY INCOIN Memorial 23d. LOCATION (City or Town) 230. BURIAL, CREMATION (County) 50 Cem. REMOVAL (Specify) Suitland, P. 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR VR A15ME (5) . Funeral Miarley Judge Home D.C. 1967 6M 1/67 N.W., Washington,

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01126 CERTIFICATE OF DEATH deoth puo physician and completely filled in by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY PrinceGeorges MARYLAND Prince Georges b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) WERKERTERKER Ritchie Cheverly RWXX Davs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? 6300 R PrinceGeorges General Hospital YES NO K 3. NAME OF Middle 4. DATE Month Lost Doy Year DECEASED Blanche (Type or print) L. Buckler DEATH Jan., 67 S. SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED x NEVER MARRIED B. DATE OF lost birthdoy) Months Ooys WIDOWED DIVORCED Female White May. 1907 59 10o. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR INDUSTRY Tenent 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired) COUNTRY? Housewife Maryland **双系统数据义务证** U. S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sam Goldsmith Cora Chin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Same Address Item #2. 16. SOCIAL SECURITY NO 17. INFORMANT signed by the ottendir buriol-tronsit permit. (Yes no, or unknown) (If yes give wor or dotes of service) 0 James P. Bucknercremation, 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse the last. 05

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) While Not While ot work at work 21. I certify that #ff(this haspital) attended the deceased fram Dec. 6, 1966, to Tan. 9, 1967, that (I) (we) last

saw the deceased alive an Jan. 9. 19 67, and that death accurred at 2.45 AM from causes and an the date stated above.

PHYS.

Old Fields Cemetery Hughs

M.O.

23c. NAME OF CEMETERY OR CREMATORY

Jensen, M.D.

ATTENDING

22d. ADDRESS

22b. DATE SIGNED

25b. REGISTRAR'S SIGNATUR

(Stote)

STAFF PHYS.  $\boxtimes$ 

Geo Hospital

Cheverly, Maryland

23d. LOCATION (City or Town)

Hughsvill

OIRECTOR

Page 4 moy be retoined by the haspital or ottending physician. O FUNERAL DIRECTOR: director, poge 3 should be filed VR A15 (4) 20 M 1/66

this certificate has been

After

22o. SIGNATURE

22c. PHYSICIAN'S

23o. BURIAL CREMATION.

BUTTA (pecify)

24. FUNERAL DIRECTOR

NAME (Type)

Edwin

23b. DATE THEREOF

/12/67

Ritchie Bros. Upper Marlboro, Md.

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· (M)	DIVISION OF VITAL RECORDS, 301 W. PRESTON STRE	ET, BALTIMORE, MARYLAND 21201	
FOR STATE	01127 MEDICAL EXAMINER'S CERTI	IFICATE OF DEATH 0112	0.6
HEALTH DEPT.	1. PLACE OF DEATH 2. USU	AL RESIDENCE (Where deceased lived, if institution: Residence before	re odmission)
any delay is 2, and 3 ta PM3. Page spartment of	a. COUNTY a. Si	ryland Prince Georg	els
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any 2, c PN epart			e. IS RESIDENCE ON A FARM?
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ath.	3. NAME OF First Middle	Lost 4. DATE Month Day	
de de	DECEASED (Type or print) Kenneth Wayne Burke	tt 37 OF DEATH 1 2	2 1967
24 haurs after death in Item 18. Give Page: r's Office alang with fe ss 1 and 2 with the State ifter death.	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE C	DF BIRTH 9. AGE (In years IF UNDER I YEAR	IF UNDER 24 HRS.
rs a 18. 18. 2 w 17h.	Male White WIDOWED DIVORCED 11-3	lost birthdoy) Months Days	Hours Min.
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hould be executed ward "pending" in the Chief Medical Errial-transit permital my event within 72	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)		TERVAL BETWEEN
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INER: 1 e certific shauld b files. 3 should filon, ar r	20b. DESCRIBE HOW INJURY OCCURRED. (Enter not PRIMARY To a CONTRIBUTING Shot by accident	rure of injury in Port 1 or Port 11 of Hem 18.)	
INER: Le certif shauld files. 3 shoulc tion, ar	CAUSE OF DEATH.  Shot by accident  20c. TIME OF INJURY Month, Day, Yeor  20d. INJURY OCCURRED 2 20e. PLACE OF, INJURY		(State)
EXAMINER: upe the certifiage 4 shauld your files. Page 3 should cremation, ar	20c. Time of Injury Month, Day, Yeor Hour o.m.  6:00amp.m. 1-22- 19 67 20d. INJURY OCCURRED While at work 300A Sch	, office bldg., etc.)	(Sidio)
AL EXAL	21. I certify that I taak charge of the remains described above, held an A	all Road Accokeek Md.	1 :
AL E		, Homicide , Undetermined manner	d in my apiniar
MEDICAL ease exec firector. P tained far DIRECTOR. ta burial,	dealit lesolled from Noticial dases [] Accide []	CHIEF MEDICAL EXAMINER	
MEDIA please direct etaine DIREC	ACTUAL SIGNATURE M.D.		22. DATE SIGNED
TY, IY, Peral Pera	EXAMINER'S	DEDUTY MEDICAL CYAMINED T	00 /17
TO DEPUTY MEDICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to burial, crema	NAME (Type) John Kehoe, M.D./ Riverdale, Md.	Address (Street, city, town, or county)	-23-67
The Fee	230. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATOR	RY 23d. LOCATION (City or Town) (County	(Stote)
52,5-5	Bremoval (Specified 11-26-67 Trinity Memory		75, Md.
VR A15ME (5)	24. FUNERAL DIRECTOR ADDRESS/ OA or f 3/1	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUL	
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01128 CERTIFICATE OF-DEATH 2 ond 2 requires that the death cartificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) ond completely filled in by the funeral remove carbon popers. Pages I and PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET/ADDRESS YES NO W NAME OF Middle 4. DATE Month Year Lost Doy DECEASED urneslon 19 (Type or print) DEATH SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last bitthdoy) Months Dovs Hours WIDOWED DIVORCED 180. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State or foreign country) ond in ring most of working life, even if retired COUNTRY? **INDUSTRY** please Treseeve 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova IS. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. Address selmete permit. (Yes, no, or mknown) ((If yes give wor or dotes of service) O INTERVAL BETWEEN ONSER AND DEATH IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) O FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detached for use as the burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) physician. DUF TO burig! Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse be retained by the hospital or ottending 9 lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES NO: 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg. etc.) Hour o.m. Net While e ot work 21. I certify that (I) (this haspital) attended the deceased fram M, fram causes and an the date, stated above saw the deceased alive on 196 6, and that death accurred at 22o. SIGNATURE 22b. DATE SIGN版 M.D. PHYS. DIRECTOR PHYS. director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 030 Carsal an 230. APRIAL, CREMATION. 23b. DATE THEREOF 23c\_ NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) PENOVAL (Specify) 10 2Sec REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01130

CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Maryland Prince Georges Prince Georges MARYLAND b. CITY OR TOWN (If autside carporate limits, c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn)
Suitland Suitland d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 3117 Parkway Terrace Drive 3117 Parkway Terrace Drive NO E 3. NAME OF Middle 4. DATE Month Dov Year DECEASED OF DEATH la lico Jun (Type or print) 19 NWI S. SEX DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 63 yrs last, Hours Months Days June 21, 1903 DIVORCED WIDOWED L 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar foreign country) during most of working life, even if retired) INDUSTRY Retail UCOUNTRY? Kentucky 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Cecil Lyon Elsie Ingram 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) 3121 Parkway Terr Drive Geneva Spence INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSEJ AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Knickel H Nacmy YES [ NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar town) (County) (State) factory, street, affice bldg., etc.) Hour a.m. Nat While at wark at wark 21. 1 certify that (I) (this haspital) attended the deceased fram and that death occurred at9 M, from couses and on the date stated above saw the deceased alive on 220. SIGNATURE 22b. DATE SIGNED MED-DIRECTOR M.D. PHYS PHYS. 22da ADDRESS PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION, (County) REMOVAL (Specify) Burial Maryland Suitland 1-27-1967 Cedar Hill Cemetery 1967 ADDRESS 24. FUNERAL DIRECTOR
Wilhelm Funeral Home 250. RECIDABY REGISTRAR 4308 Suitland Rd Suitland Maryland

DATE

24 hours after death. death funeral 1 and bon papers. Pages 1 c OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within campletely fi nove carbon ly event, with remoke and in any and attending physician overmit. Then please burial, crematian, ar removal, the signed by the burial-transit **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. as the priar to this certificate has been far use Health detached be detached State Dept. c **DIRECTOR:** After page 3 shauld lefiled with the S director, page should be filed FUNERAL 9

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0113: CERTIFICATE OF DEATH 01130 death cate be executed within 24 haurs after death. and completely filled in by the funeral remave carban papers. Pages I and in any event, within 72 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH b. COUNTY Prince Georges o. COUNTY o. STATE Prince Georges Maryland MARYLAND c. CITY OR TOWN (If autside corparate limits, write RURAL and give neorest town) b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Hyttsville Cheverly 15 days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 2005 Oglethore Steed e. IS RESIDENCE ON A FARM? 6500 Riggs Road Prince Georges General Hospital YES NO IX please remave carban 3. NAME OF First Last 4. DATE Dov Year DECEASED (NMI) Capretti 67 Leonice Jan. . 19 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys WIDOWED DIVORCED 11 July 1890 White Female 1Do. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? attending physician permit. Then please Italy housewife
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal, unknown Giovanno DiGirolmo 6203 - 20th Place, 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no. or unknown) (If yes give wor or dotes of service) PHYSICIAN: The law requires that the dear 215-54-7404 Sunday Capretti (son) W. Hyattsville, Md. No crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH burial-transit Congestive Heart Failure IMMEDIATE CAUSE (o). signed by Page 4 may be retained by the haspital or attending physician. DUE TO burial, Goronary Arteriosclerotic Heart Disease Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse use as the lath prior tak O FUNERAL DIRECTOR: After this certificate has been Generalized Arteriosclerosis PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES X Thrombosis of right renal and splenic arteries NO lar 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 2Do. ACCIDENT WAS UNDERLYING detached f te Dept. af h OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dd INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) 21. I certify that (I) (this hospital) attended the deceased from\_ and that death occurred and 50PMM, francouses and on the date stated above. saw the deceased alive an-220. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. M.D. PHYS. directar, page shauld be filed ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 4 Jan. 1967 St. Mary's Cemetery Washington, DC NW 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 400 Georgia Ave. 24. FUNERAL DIRECTOR

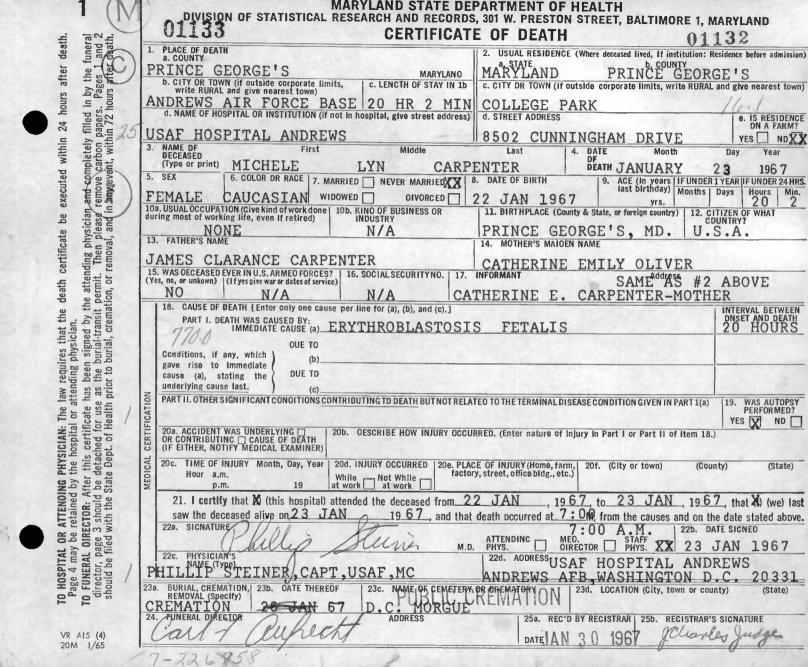
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VR A15 (4) 20 M 1/66

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the a		NO INTO SK. CHRISTINE 4922203811E Kd.
- > O E		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:
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phy phy si si si pur		Conditions, If any, which (b) Tankinsons Histories / Class
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SICIAN: The hospital or certificate ched for u pt. of Heal	CER	20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSICIA the hospi this cert detached e Dept. of	A	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
ATTENDING PHYSICIAN; The law retained by the hospital or atten CTOR. After this certificate has i should be detached for use as with the State Dept. of Health prin	MEDICAL	Hour a.m.   While Not While   factory, street, office bldg., etc.)
Aft by St.	Σ	p.m. 19   at work   at work
ATTENDII retained CTOR: A S should with the S		21. I certify that (I) (this hospital) attended the deceased from July 3, 1957, to Jan 7, 1967, that (I) (we) la
E de la constant		saw the deceased alive on ACC 4 1966, and that death occurred at COOM, from the causes and on the date stated above 22a. SIGNATURE
De be 33 Se 3 Se 4 v ed v		ATTENDING — MED. — STAFF — (1011)
may RAL D	1	22c. PHYSICIAN'S 22d. ADDRESS
4 H 0 - /		NAME (Type) FRANCIS P. HANNAN 1511-175TAW. WASH.D.C
Page Page FUN Girect Should	238	
5 5 5	1	REMOVAL (Soeclfy) 1-7-67 Mt. Olivet Cemetery Washington, D. C.
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ZEMALE CAUCASIAN 22 JAN 1967

HONE GEORGE'S. MD. U.S.A.

JAMES CLARRANCE CARPENTER CATHERINE ENTLY OLIVER

NO N/A CATHERLINE E. CARRENTER-NOTHER

ERYTHROBLASTOSIS TETALIS : O HOURS

22 JAN 67 23 JAN 67 23 JAN 67 X

7:50 A.M.

PHILLIP STRIPER, CAPT, USAF, MC ANDREWS AFB, WASHINGTON D.C. 20331

CREMATION OF TAMES D. C. MORGUE

FOR STATE HEALTH DEPT.

State Department hours after death. the 72 2 with within EXAMINER: This certificate should be executed within 24 hours after death. If an certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form and a permit. I burial-transit cremation, used as a to burial, co 3 should be agent, prior 1 CTOR: Page designated O FUNERAL DIRECTOR: of Health or its design execute ...
Page 4 : please ex director. retained

Item 18 Film 386 2-27 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY a. STATE h COUNTY Prince George's Prince George's Maryland MARYLANO b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Capitol Heights Cheverly

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 1009 Brooks Road YES NO Prince George General Hospital NAME OF DATE Yeer Middle Last Month Day DECEASED 0F DEATH (Type or print) Shirley SHORE Carroll 19 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months | Days OIVORCEO [ Female White WIOOWEO OIVORCEO

10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. Kind of BUSINESS OR INDUSTRY WIOOWEO . 22 April 1923 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? School Teacher Minnesota USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Victor R. Lanes 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknwn) (If yes give war or dates of service) Paul G. Carroll 1009 Brooks Road INTERVAL BETWEEN 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c), ] QNSET AND DEATH PART I. DEATH WAS CAUSED BY: Heart failure Min. IMMEDIATE CAUSE (a) DUF TO Arteriosclerotic heart disease Conditions, If any, which Unk gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? YES X NO [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20f. (City or town) (County) (State) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While While at work at work Inspection . Inquiry X. and In my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Undetermined manner Accident Suicide Homicide . death resulted from: Natural causes CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER TX Riverdale, Md. 1-24-67 **EXAMINER'S** John Kehoe, M.D. Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Arlington National Arlington Virginia 1-27-1967 Burial 25a. REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR
Wilhelm Funeral Home FUNERAL DIRECTOR Suitland Rd Suitland JAN Charley Judge Maryland DATE

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH should affer PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) e COUNTY Prince Georges Prince yearges the day MARYLAND death. and b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerast town) 24 write RURAL and give neerest town) filled in Pages 1 after Reltsville Beltsville Pages within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress, d. STREET ADDRESS e. IS RESIDENCE hours ON A FARM? 3202 Beltsville Road 3202 Beltsville Road YES NO X completely papers. n 72 hou 3. NAME OF Middle 4. DATE Month Day Yeer DECEASED OF Edward Charles January 17 (Type or print) 19 6 within DEATH carbon 6. COLOR OR RACE 7. MARRIED C NEVER MARRIED 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthday) malo Hours in any event, WIDOWED attending physician please remove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Retired Blacksmith North Lawrence, Ohio U.S. Government 13. FATHER'S NAME William Carter and Maria Knapper 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then 16. SOCIAL SECURITY NO. 1 17. INFORMANT 3202 Beltsville Road Beltsville, Maryland removal (Yes, no, or unkown) | (If yes give war or detes of service) Ruth S. Carter After this certificate has been signed by the stacked for use as the burial-transit permit. attending physician. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH 6 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) cremation, **DUE TO** Conditions, if any, which geve rise to immediata ceuse DUE TO burial, (a), steting the underlying couse last. (c) the hospital or PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION S 0 PERFORMED? prior NO M 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Part I or Part II of item 18.) OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached ۵ MEDICAL ATTENDING 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Hour a.m. Not While ö DIRECTOR: at work at work 19 p.m. State , and that death occurred at saw the deceased alive on... 22e. SIGNATURE 22b. DATE SIGNED death. Page 4 PHYS. DIRECTOR HOSPITAL page with t 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) William Colesville Road. filed v 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) S FO Washington National DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR | 25b. REGISTRARIS SIGNATURE DATE 20M 5-63

76110 And adding to the Crawley of the William Committee of the 1974 . F. Jose 17 Social Made the Mr. S. Specinger World Servence, Only Mills. T. THE STREET WEST COME IN COME STREET STREET WELLSAM B. Had - Most release the Mad, Solies Species, Id. 

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STAI MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY PRINCE GEORGE'S MARYLAND Department after death. funeral b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b may RURAL-UPPER MARLBORO BALTIMORE the 5 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? delay is and 3 to it CROOM STATION ROAD AND CROOMS State hours 4402 ATWICK ROAD NO X MART BORO YES 2, and PM3. NAME OF Middle Day First Last DATE Month Year DECEASED CASPARI III 67 WILLIAM (NMN) JANUARY (Type or print) DEATH 19 2 with within 8. Give Pages 1, 2 ong with form F 6. COLOR OR RACE | 7. MARRIED DATE OF BIRTH AGE (In yeers | IFUNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) Months Hours Davs CAUCASIAN 22 JUN 1935 MALE DIVORCED WIDOWED . l and a 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? in Item 18. Giv BALTIMORE, MARYLAND res my 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CASPARI JR (NMN) CHAO WILLIAM (NMN) LENA in Item 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) permit. I removal, EXAMINER: This certificate should be executed within certificate, writing the word "pending" in pencil is nould be forwarded to the Chief Medical Examiner's 1958-1962 216-34-2894 OFFICIAL U.S. NAVY RECORDS YES INTERVAL BETWEEN CAUSE DF DEATH [Enter only one cause per line for (a), (b), end (c).] burial-transit cremation, or n PART I. DEATH WAS CAUSED BY: INJURIES MULTIPLE EXTREME IMMEDIATE CAUSE (e) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO (a), stating the used as a to burial, Ø underlying couse last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X YES 20a. EXTERNAL CAUSE WAS PRIMARY → or CONTRIBUTING □ CAUSE OF DEATH. o be DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 3 should tagent, price AIRCRAFT ACCIDENT MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) FARM certificate While at work A at work NEAR UPPER MARLBORO, MD JAN 19 67 CTOR: Page designated 21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X. inquiry 🖊 and in my opinion the ce FUNERAL DIRECTOR: f Health or its design **Undetermined manner** death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER YOUR マ 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE for DEPUTY MEDICAL EXAMINER JAN 1967 **EXAMINER'S** director. retained Address (Street, city, town, or county) KEHOE. MD NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION DATE THEREOF 4/0 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME DATE 3500 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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## CERTIFICATE OF DEATH

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3			Leland Memo	rial H	ospital				son Stree			ON A F	NO X
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	S. :	SEX F	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED  DIVORCEO	8	10/3/91		9. AGE (In years last birthday) 75 yrs.	IF UNDER Manths	1 YEAR Days	Haurs	Min.
	10o. duri	. USUAL OCCUPATION ing most of working.	(Give kind of work done life, even if retired) OUSEW 116	10b. KI	ND OF BUSINESS OR home		11. BIRTHPLACE (County Maryla)				TIZEN OF		- 4
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	L CERTIFICATION		UNDERLYING  CAUSE OF OEATH MEDICAL EXAMINER)	20b. DE:	SCRIBE HOW INJURY OCCU	JRRED. (	Enter nature af injury in	Part I or P	ort II of item 1B.)				41
	MEDICAL	20c. TIME OF INJU Haur a.n p.n	10	20d. IN While at wark	Not While		E OF INJURY (Home, farm ory, street, affice bldg., etc.)				ounty)		State)
			fy thot (I) (this hos eceased alive an	pital) attend	ded the deceased from 19 <u>67</u> , an	oml d that	death accurred of	966 915 A	to 1 - 8 M, from causes	and on t	<u>67</u> , th the dot	ot (I) ( e stated	we) lost dabove
		22a. SIGNATURE C. ) Hourson M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 22b. DATE SIGNED 1. 8.67										57	
			C.J. Houma	nn, M.					ry Road,			e, Mo	ı.
)	23a	BURIAL, CREMATIC REMOVAL (Specify	Jan 10		23c. NAME OF CEMETE St Johns			23d. Bel	LOCATION (City or To	Prp Ge	(Caunty	Md.	tate)
	24	. FUNERAL DIRECTO			tsville, Md		2Sa. REC'O	BY REGIS	TRAR 25b. R	EGISTRAR'S	SIGNATU	Jud	gl.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be diled with the State Dept. at Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01138 CERTIFICATE OF DEATH 01137 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death and campletely filled in by the funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Prince Georges Maryland Montgomery MARYLAND b. CITY OR TOWN (If autside carparote limits, write RURAL and give neorest tawn)

Cheverly c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince Georges General Hospital 9039 Sligo Creek Parkway NO to 3. NAME OF Middle physician and campletely f en please remave carban First Last 4. DATE Year DECEASED BRYANT ROBERT CHASM JANUARY 19 67 (Type or print) DEATH IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthday) Manths Days Haurs Male White May 25. WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10b. 11. BIRTHPLACE (County & State, or foreign country) Appliances during most of working life, even if retired)
Salesman (RET) COUNTRY? New York 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Henry Chasm ? ? ? Anna 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknawn) (If yes give war ar dates af service) 063-01-4220 Mrs. Mollye D. Chasm, Same as 2 crematian. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH Examiner IMMEDIATE CAUSE (a) signed by attending physician. DUF TO Canditians, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause has been far use as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Medical NO TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER with (City or tawn) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) (State) Haur a.m. Nat While factory, street, affice bldg., etc.) at wark ot wark 21. I certify that (I) (this haspital) attended the deceased from 500. 25, 1964, to 12-21, 1966, that (I) (we) lost eared 1966, and that death occurred at 6°0 PM, from couses and on the date stated above. saw the deceased alive on 12-21 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. DIRECTOR PHYS. PHYS. director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) / SIDOYE 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (State) REMOVAL (Specify) Jan 6. 1967 Arl. Natl. Cem. arl Va. 25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Goldberg Funeral VR A15 (4) 20 M 1/66 9th St. N.W.

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## FOR STATE HEALTH DEPT. d within 24 hours after death. If any delay is in pencil in Item 18. Give Pages 1, 2, and 3 to PM3. Page Fond 2 with the State Department of er deoth.

e along with form

This certificate should be executed within 24 hours after death. If

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	01139		M	EDIC	AL EXAMIN	ER'S	CERTIFICATE	OF DE	ATH		01	14	0
1.	PLACE OF DEATH a. COUNTY Prine	ce George's	5		MARYI	LAND	2. USUAL RESIDENCE a. STATEMary	land	b. <b>10</b> 1	Mince	Geor	rge 's	
	write RURAL and	f autside carparate limit give nearest tawn)	s,	C.	LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (If	autside carr		JRAL and gi	ve neares	t tawn)	,
	d. NAME OF HOSPIT	AL OR INSTITUTION (If n	at in hasp	ital, give			d. STREET ADDRESS	) O V J	10		/	e. IS RESID	
		ce George's					3200	76th	Avenue			YES	ARM? NO 🔚
3.	NAME OF DECEASED		irst		Middle		Last	4. DAT			0ay		
	(Type or print)		lober		Delano		Cole	DEA	1101	uary	27	196	
5.	male	6. COLOR OR RACE white	7. MARI WIDO	RIED X	NEVER MARRIED DIVORCED		March 1,	1942	9. AGE (In years last pirthday)	Manths Manths	Days	Haurs	Min.
10e	o. USUAL OCCUPATION	(Give kind of work done	10	Ob. KIND INDUS	OF BUSINESS OR		11. BIRTHPLACE (Star		n cauntry)	12. 0	ITIZEN OF OUNTRY?	S.A	
13	FATHER'S NAME	obert E.	Cole				14. MOTHER'S MAIDEN Madge	NAME	ner				
1S (Y	. WAS DECEASED EVE es, no, or unknown) NO	R IN U.S. ARMED FORCES? (If yes give war ar dates	of service)		AL SECURITY NO. 5-52-45		FORMANT  France				ldre	ss)	
	PART I. DEAT  9 7 (a)  Canditians, if any, rise ta immediat stating the under last.	which gave e cause (a),	(o) TO		nshot. Wo	und c	of chest	( 88.7	fe)			ERVAL BET SET AND C DUTES	
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)									WAS AUTO PERFORM ES	OPSY ED? NO X		
MEDICAL CERTIFICATION	20a. EXTERNAL CA PRIMAR (C) ar CO CAUSE OF DEATH.		20				Inter nature of injury in 12 gauge						
MEDICAL	Hour or	JRY Manth, Day, Year n. 1-27-67 19			Y OCCURRED  Nat While at wark	20e. PLAC	E OF INJURY (Hame, fa ry, street, affice bldg., et NO	rm, 20 c.)	f. (City or town) Same as i		ounty)	(	State)
	21. I certif	y that I took charg	e of the	remai			de CHIEF MEDICA  M.D. ASSISTANT M	le, AL EXAMINE EDICAL EXAM	Undetermined n R  MINER	,		in my  22. DATE 1-29-	SIGNED
	EXAMINER'S NAME (Type)		Keho					rickiny, 18	M, of County)		16		
	o. BURIAL, CREMANIC	1/ 2/2/	67		Cole Ce	emet	ery	Je	LOCATION (City or To ewel Val	ley,		•	tate)
2	4. FUNERAL DIRECTO	Nalley!	s Fu	ner	al ADDRESS M. Mar	t Ra ylar	inierza RE	FEB	1 1967	REGISTRAR'S	SIGNATUR	De Jue	dan

1967

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VR A15ME (5) 6M 1/67

Home Inc.

Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

the funeral director. Page 4 should be farworded to the Chief Medical Examiner's 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages

necessary, please execute the certificate, writing the word "pending"

MEDICAL EXAMINER:

TO DEPUTY

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ADDRESS

Hyattsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

B. IS RESIDENCE

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(County)

22b. DATE SIGNED

-26

REGISTRAR'S, SIGNATURE

25a. REC'D BY REGISTRAR | 25b.

YES

Day

26

12. CITIZEN OF WHAT

5

Days

COUNTRY?

ON A FARM?

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director, pag should be fil

VR A15 (4) 20M 1/65

24. FUNERAL DIRECTOR

F. Gasch's Sons

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01142

CERTIFICATE OF DEATH

01141

PLACE OF DEA     O. COUNTY	Prince Geor	res	MA	RYLAND	o. STATE		eceosed lived, i	f institution b. COUNTY		efore odmi	ssion
b. CITY DR TDV	VN (If outside corporate limit		c. LENGTH OF STAY	/ IN 1b	c. CITY OR TOWN (If	outside co	rporote limits,	write RURA	L ond give nec	rest town	)
write RURAL	ond give neorest town) Cheverly		11 Days	3	Hedge	eville	3			85	. 3
d. NAME OF HD	SPITAL DR INSTITUTION (If no	ot in hospital, g			d. STREET ADDRESS				2-1-9	e. IS R	ESIDENCE
PrinceG	eorges Genera	al Hosp	ital							YES [	FARM?
3. NAME DF DECEASED (Type or print)	Otis (Odis)	rst	Middle		Lost	4. DA OF DE	ATH	Month Jan.			Year 1967
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	IED B.	DATE OF BIRTH		9. AGE (In last birt		IF UNDER 1 YEA Months Doy		DER 24 HRS.
Male	White	WIDOWED	DIVORC	ED 🔲	24 Oct ]	1889	77	Yrs.	Months Doy	S HOU	is Mill.
10o. USUAL OCCUPA during most of work	TION (Give kind of work done king life, even if retired)	IN	ND DF BUSINESS OR DUSTRY		11. BIRTHPLACE (Cou	nty & Stote,			12. CITIZEN COUNTR USA		
13. FATHER'S NAM		1000	COIL HITTI		14. MOTHER'S MAIDE		ATIETH	14	1		
	Martin Conn	er			Mary El	len S	moots				
IS. WAS DECEASED	EVER IN U.S. ARMED FORCES?	16. 9	SOCIAL SECURITY ND.	. 17. IN	FORMANT		1110000	Address	A 14		
(Yes, no, or unknow	vn) (If yes give wor or dotes o	of service)	15 16 667	04 07	ie J. Con	non	Hadrey	:110	TAT TAT	mari m	
Conditions, if rise to imme stoting the ulost.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE  ONY, which gove diote couse (o). Inderlying couse	TO (b) C.C. TO (c) 174	rekral.	eyes c	i lon be	lero	216			ONSET AN	
PART II. OTHE	Corena a									19. WAS A PERFO YES	UTOPSY RMED? NO X
OR CONTRIBU	TWAS UNDERLYING TING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	20b. DE:	SCRIBE HOW INJURY	OCCURRED. (E	nter noture of injury	in Port I o	Port II of iten	n 1B.)			
	INJURY Month, Doy, Yeor r o.m. p.m. 19	While of work	ot work	foctor	OF INJURY (Home, f ry, street, office bldg., e	etc.)	Of. (City or		(County)	741	(Stote)
21. I co	ertify that (this hose deceased alive an J	spital) attendanuary	ded the decease	d from Jai , and thot	deoth occurred	, 19 <u>67</u>	, to <u>Janı</u> A M, from	causes or	nd on the o	dote sto	) (we) los ted obove
22o. SIGNAT	220. SIGNATURE  Golden Jensey M.D. ATTENDING DIRECTOR DIR										
22c. PHYSICI NAME (	AN'S Type) Edwin J.	Jensen,	M.D.		Prince (	George	es Gene	ral H	Hospita	al	
230. BURIAL, CREM REMOVAL (FO	MATION, 23b. DATE THE		23c. NAME OF CE Harrisvi				L LOCATION (C arrisvi	lle,	Va		(State)
24. EUNERAL DIR	ECTOR	,	ADDRESS		25a. R	EC'D BY RE	0		STRAR'S SIGNA		
200 111	itt Nans	cha	N Ka	und	MY DATE	FEB	6 19	67	Mary	Par Os	edus.

VR A15 (4) 20 M 1/66

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and carbon piecely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please, remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

01142

e. IS RESIDENCE

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Day

12. CITIZEN DF WHAT

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VR A15 (4) 20M 1/65

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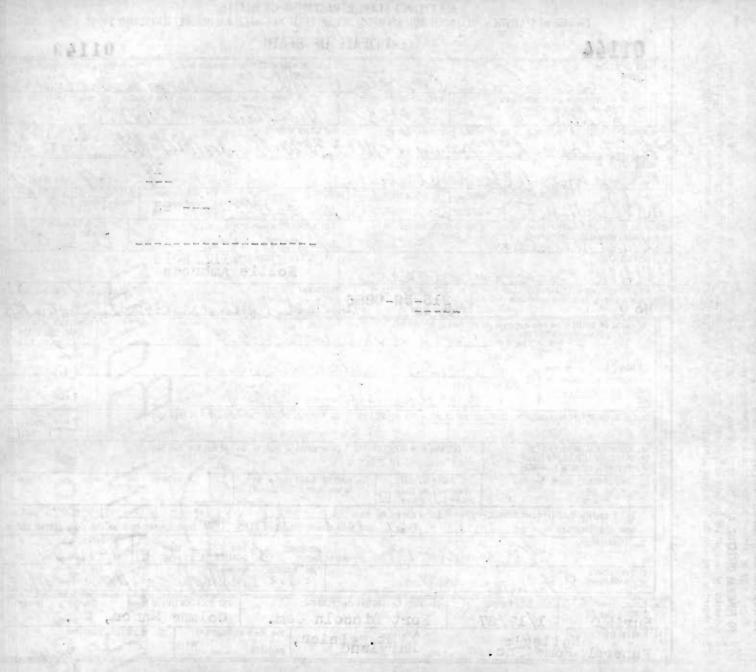
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Division of STATISTICAL RESEARCH AND RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Film CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and completely filled in by the funeral remove carban papers. Pages 1 and a. COLINA MEATZ..D b. COUNTY papers. Pages 1 nin 72 hours after b. CITY OR TOWN (If oytside corporate limits, c. LENGTH OF STAY IN c. CITY OR TOWN (If autside corparate limits write RURAL and give nearest tawn write RUPAL and give negrest town) OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREES e. IS RESIDENCE Rd ON A FARMS YES NO Z and in any event, within NAME OF please remove carban Middle Last 4. DATE Doy Year DECEASED OF DEATH 19 (Type ar print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR NEVER MARRIED DATE OF BIRTH Manths Doys Haurs DIVORCED WIDOWED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country physician ( nost of working life, even if retired) INDUSTRY 14. MOTHER'S MAIDEN NAME TITT FATHER'S NAME ar removal, Mollie Ambrose the attending p 15. WAS DECEASED EVER IN U.S. ARMED ORCES?
(Yes, no, or unknown) (If yes give worker dotes of service) 17. 15-52-08B6 INFORMANT Address Musica crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) be retained by the hospital ar attending physician. DUE TO signed 1 burial, Conditions, if any, which gove rise ta immediate cause (a), DUF TO stating the underlying cause as the prior ta has been lost. far use as WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Health p CERTIFICATION YES NO this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Manth, Doy, Year Hour o.m. foctory, street, affice bldg., etc.) While Not While ATTENDING ot wark O FUNERAL DIRECTOR: After ot work 1967, that (1) (we) last 1964 21. I certify that (I) (this hospital) attended the deceased fram. should 1967, and that death accurred at 5 QM, fram causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. PHYS filed , page be filed 22d. ADDRESS 22c. PHYSICIAN'S Page 4 may NAME (Type) 2513 director, p DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial Manor, Colmar Md. 17/67 Fort Lincoln Cem. ADDRESS T. Rai 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Nalley's nier VR A15 (4) 20 M 1/66 DATEJA Inc. Home Funeral

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01145 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 01144 HEALTH DERT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STAMaryland b. Countince George's delay is ond 3 to rince George's MARYLAND the Stote Deportment b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write\_RURAL and give nearest town) about 1 hr. Cheverly Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Office olong with form 2712 Bellview Avenue in Item 18. Give Pages Prince George's H ospital YES NO EX This certificate should be executed within 24 hours after death. 4 DATE 3 NAME OF Middle Doy Year DECEASED OF 19 67 January Cooke 28 Ernest DEATH (Type or print) 9. AGE (In years lost dirthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Hours May 20, 1900 after deoth. white WIDOWED DIVORCED male 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1]. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired), INDUSTRY US Govit IIS Park Service Virginia 13. FATHER'S NAME James Cooke MAXXXXXXX Washington .⊑ IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT within 72 Chief Medical (Yes, no, or unknown) (If yes give wor or dates of service) 212-54-6986 Mrs. Elsie E. Cooke Same as #2 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH event PART I. DEATH WAS CAUSED BY: Peritonitis IMMEDIATE CAUSE (o). please execute the certificate, writing the word DUF TO forworded to the any Conditions, if ony, which gove days Rupture of gangrenous appendix rise to immediate couse (a), = DUE TO stoting the underlying couse 0 puo 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) or removal, YES X NO pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 3 should PRIMARY 
or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH. cremation, 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Not While factory, street, office bldg., etc.) FUNERAL DIRECTOR: Page ot work 21. I certify that I took charge at the remains described above, held an Autapsy [X], Inspection K. Inquiry 1 and in my apinion death resulted fram: Natural causes 1 Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior 1 SIGNATURE 1-29-67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Lehoe, John Heolth Address (Street, city, town, or county) NAME (Type) 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF (County) 0 REMOVAL (Specify)
Burial Maryland Colmar Manor. Fort Lincoln Cem. Feb 1. Lee Funeral Home. 300 4th St NE. TO So. REC'D BY REGISTRAR Wash. VR A15ME (5)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01146 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 01145 HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) b. COUNTY o. COUNTY g. STATE delay is ond 3 to Prince George's Prince George's MARYLAND Marvland the Stote Department b. CITY DR TDWN (If outside corparate limits, write RURAL and give nearest tawn) c. CITY OR TDWN (If outside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b PM3. DOA Hvattsville Cheverly e IS RESIDENCE ON A FARM? d. NAME DF HDSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 4 should be farworded to the Chief Medical Examiner's Office along with form This certificote shauld be executed within 24 hours after death. If a licote, writing the word "pending" in pencil in Item 18. Give Pages 1, 13rd Avenue YES NO TY Prince George's General Hospital Middle 4. DATE Manth 3. NAME OF Last Day Year DECEASED Virginia Frances Couter DEATH 19 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months last birthday) Davs Hours death. WIDOWED DIVORCED 7-30-99 female white 12. CITIZEN OF WHAT 11. BIRTHPLACE (Stote or fareign country) 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) U COUNTRY? INDUSTRY hours ofter Virginia Own Home permit. File pages 14. MDTHER'S MAIDEN NAME 13. FATHER'S NAME Walter E Stubblefield Irene Day Rilee 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND 17. INFORMANT Address ony event within 72 (Yes, no, or unknown) (If yes give war ar dates af service) 577 07 0152 Albert H. Couter Hyattsville, Md. no 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-tronsit DNSET AND DEATH Metastatic Carcinoma IMMEDIATE CAUSE (a) writing the word DUF TO Canditians, if any, which gove Carcinoma of breast over rise ta immediate cause (a), = DUF TO stating the underlying cause D. pup SD be used 19. WAS AUTOPS!
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) or removol, NO YES please execute the certificate, 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS 3 should PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH cremation, MEDICAL (City or tawn) (Caunty) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Not While moy be retained for your FUNERAL DIRECTOR: Page of wark at work Inspection X. Inquiry X 21. I certify that I taok charge of the remains described above, held an Autopsy and in my apinian burial, Undetermined manner Hamicide Accident Suicide . death resulted fram: Natural causes, X CHIEF MEDICAL EXAMINER 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER TO FUNERAL D Health prior t SIGNATURE 1-28-67 O DEPUTY DEPUTY MEDICAL EXAMINER X **EXAMINER'S** NAME (Type) John Kehoe M.D. Riverdale, Maryland Address (Street, city, tawn, ar caunty) 23d. LOCATION (City ar Tawn) the 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CHENCKEN (County) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) Beltsville Pro Geo Jan 30, 1967 St Johns Episcopal Md. Burial 25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A 15ME (5) 1967 F. Gasch's Sons Hyattsville, Md. DALLAN 6M 1/67

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## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

01146

	01147			CERTIFICATI	. OI DEATH				111	46	
	LACE OF DEATH COUNTY	Prince Geo	rges	MARYLAND	2. USUAL RESIDENCE o. STATE Mary ]	(Where deced	osed lived, if institution b. COUN	on: Reside	nce before	e odmissio	es
b.	CITY OR TOWN (I	f outside corporate limits	,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o						4
	Write KUKAL dno	cheverly		2 days	Hyat	tavil	le		10	01/	
d.	NAME OF HOSPITA	AL OR INSTITUTION (If no	t in hospital, g	ive street address)	d. STREET ADDRESS	401	9 -			e. IS RESID	DENCE
	Prince	Georges Gen	eral H	ospital	A 3	Warne	r Avenue			YES [	
	AME OF	Fir	st	Middle	Lost	4. DATE	Mont	h	Doy	Ye	or
(1	ype or print)	Li	nda		Cowley	DEATH	Jan		10	196	7
S. SI	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years last birthdoy)	IF UNDER	Doys Doys	IF UNDER	24 HRS. Min.
	Female	White	WIDOWED	DIVORCED	7 Oct., ]	1943	23 yrs.	MOITIIS	Doys	110015	IVIII.
		(Give kind of work done		ND OF BUSINESS OR	11. BIRTHPLACE (Count	y & Stote, or f	oreign country)		ITIZEN OF		1
ıurın	H W	life, even if retired)	IN	DUSTRY	England	i		E	OUNTRY?	ind	
13.	FATHER'S NAME	- M-772	T-17		14. MOTHER'S MAIDEN		fue e en en en				
	Georg	e McKie			Unkr	lown					
IS.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. 1	SOCIAL SECURITY NO. 17.	INFORMANT		Addre	ss			
(Yes	TO, or unknown)	(If yes give wor or dotes o	f service)	None Wn	. Cowley	(abo	ve addre	ss)			
T		ATH (Enter only one cou	se per line for	(a), (b), and (c).)	(Hush	and)				ERVAL BET	
	PART 1. DEAT	H WAS CAUSED BY:  / IMMEDIATE CAUSE	(0) (	ardias	Arres	+			ON	SET AND D	CL & C
	1151	DUE	, , _		110		,	,			
	Conditions, if ony,		(b) C.C.	215 - Eni )	thelionin	52 6	Melen	lani	,	300	261 ?
	rise to immediat stating the under		ТО	,			1				1
_	lost.	)	(c) 10	dung d	70 6	530	. 111				
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIV	/EN IN PART I(o)	-11	19.	WAS AUTO PERFORM ES 🔀	
CERT		SUNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Po	ort II of item 18.)				
MEDICAL	20c. TIME OF INJU Hour o.n	10	20d. IN While of work	Not While foc	ACE OF INJURY (Home, for tory, street, office bldg., et		(City or town)	(C	ounty)		(Stote)
	21. I certi	fy that (I) (this has	pital) atten	ded the deceased fram_	1-8.	1967,	to / - /2	19	57, th	nat (I) (	we) las
	saw the d	eceased alive an		19, and the	at death accurred a	18,15A	M, fram causes	and an	the dat	e state	d abav
	22o. SIGNATURE	( De	chak		.D. PHYS.	MED. DIRECTOR	STAFF PHYS.		n.11	, 190	67 L
	22c. PHYSICIAN'S NAME (Type		rES!	SOHAKYAN	22d. ADDRESS	Lan	woring &	21 (	lie v	ere	Mili
23o.	BURIAL, CREMATIC	ON, 23b. DATE THE	REOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. L	OCATION (City or Tox	wn)	(County	) (9	itote)
	REMOVAL (Specify	ial 1/14	/67			Li	verpool,	En	glar	nd	
24.	FUNERAL DIRECTO	1/12/2	s Fun	ora TODRESS t. Ra	LILL OF 9	'D BY REGIST	TRAR 2Sb. RE	GISTRAR'S	SIGNATUI	RE	
F	Home In	C.		Marylar	DATE J	IAN I	7 1967	fille	res	Jud	gen.

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please emove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, cremation, ar removal and any event, within 72 haurs after death. VR A15 (4) 20 M 1/66

**10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death

97110				SABAR		
Prince Georges	Line France		region on the	1		
	2121 respondi	FV49 5	T ve			
	net married 8 A	1.32	Administration			
Ter PA mmb	patient		Shur.			
	150 1001 .300 T		10 m	S1=1.3		
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twis . Co. and In						
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		L. A.				

Ft.Lincoln Com

ADDRESS Mit Raini Maryland

Md.

256. REGISTRAR'S SIGNATURE

Colmar Manor,

28a. REC'D BY REGISTRAR

VR A15ME (5) 6M 1/67

9

REMOVAL (Specify)

24. FUNERAL DIRECTOR

5/

Home

Inc.

THE STATE OF THE PARTY AND THE PARTY OF THE 011147 nte province l'estate de la company de l and the second one The first had been did to THE THE TANK OF THE CONTROL OF THE C alcydral Tynaped in house fire . Data of the Paris Agents

I	tems 18-21 Film 387 4-1 MARYLANDSTATE DEP	PARTMENT OF HEALTH	
9	DIVISION OF VITAL RECORDS, 301 W. PREST	ON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	01149 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 01	1148
HEALTH DEPT.	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence	ce before odmission)
delay is and 3 to M3. Page	b. CITY OR TOWN (If outside corparate limits, c. LENGTH OF STAY IN 1b	o. STATE Maryland  b. COUNTY Prince	George 1
elay d 3 . Po	b. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	e nearest tawn)
2, and PM3. Pm3. Ppartmen	Hvattsville	Hyattsville	16.1
on , 2, n F	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS Place	e. IS RESIDENCE ON A FARM?
after deoth. If any delay 8. Give Pages 1, 2, and 3 along with form PM3. Pawith the Stote Department h.	814 Somerset Street	811 Somerset Street	YES NO.
This certificate should be executed within 24 hours after deoth. cate, writing the word "pending" in pencil in Item 18. Give Page be farwarded to the Chief Medical Examiner's Office along with face used os a burial-tronsit permit. File pages and 2 with the Stot removal, and in any event within 72 hours after death.	3. NAME OF First Middle DECEASED	Last 4. DATE Month OF	Doy Year
hours after de tem 18. Give P Ifice along wi and 2 with the deoth.	(Type or print) Rose Immaculate	D'Amico DEATH	2 1967
offe lon /ith	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER lost birthday) Months	1 YEAR IF UNDER 24 HRS. Doys Hours Min.
rrs (18 ce of the oth	Female White WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	1-11-1901 62 yrs.	
24 hours in Item 18 cond 2 v after deoth	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BİRTHPLAČE (Stote or foreign country) 12. CI	TIZEN OF WHAT
# 15 7 3 m 2	Housewife -		S.A.
thin 24 encil in miners pages ours affe	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
within n pencil Examine Examine File pog	Gaetono Tassa	Adelaide Bocchino	
ed in all E	(Ver no or unknown) (If yes give war as dates of service)	INFORMANT Address	
xecuted nding" ir Medical   permit.	No   578-14-1623	Mr.Desio T. D'Amico (above	
ld be executed rd "pending" in Chief Medical E. tronsit permit. F	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:  Barbitana to in	(Husband)	INTERVAL BETWEEN ONSET AND DEATH
should be e ne word "per o the Chief ! burial-tronsit	IMMEDIATE CAUSE (o) Dai Of Calabe III	toxication	
vord vord he (	Conditions, if any, which gave )		1.300
e shoul the wor to the burial- in any (	rise to immediate cause (a)		
ficate thing the rded t	stoting the underlying couse last.		
s certificate should be executed within 24 e, writing the word "pending" in pencil in farwarded to the Chief Medical Examiners: used os a burial-transit permit. File pages novol, and in any event within 72 hours after	lost.   (c)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION CIVEN IN DART I(a)	19. WAS AUTOPSY
This certificate, writible farwar be used removol, c	E PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RESIDED TO	THE TERMINAL DISEASE CONDITION OF THE PART TO	PERFORMED?  YES X NO
This icate, be for the formal to the formal	200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INITIRY OCCURRED	D. (Enter nature of injury in Part 1 or Port II of item 18.)	713 85 110
두 그 그		se of barbiturates	
Sh Sh K	20c. TIME OF INJURY Month. Day. Year 20d. INJURY OCCURRED 20e. PL		unty) (State)
the 4 sh our fill motio	Hour o.m.  10:30=pp 1 2 19 67 While of work of wark by	octory, street, office bldg., etc.)	.Geo. Md.
MEDICAL EXA pleose execute I director. Page retained for you. DIRECTOR: Page retained for you will be seen to buriol, crem	21. I certify that I taak charge of the remains described above, h		and in my opinion
AL exercise for the riol, riol,		icide , Hamicide . Undetermined manner	
SSe ecto inector but but but	1 1/ 1/	CHIEF MEDICAL EXAMINER	
Alir dir to DIII	ACTUAL SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
ry, ry, eroll be be prio	EXAMINED'S	DEPUTY MEDICAL EXAMINER	
TO DEPUTY MEDICAL EXAMIN necessary, please execute the the funeral director. Page 4 st 5 may be retained for your fit TO FUNERAL DIRECTOR: Page 3 Health prior to buriol, cremotic	NAME (Type) John Kehoe. M.D. Riverdal		1-3-67
o D D D FU	23a. BURIAL, CREMATION, / 23b. DATE THEREOF 23c. NAME OF CEMETERY OF	R CREMATORY 23d. LOCATION (City or Town)	(Caunty) (Stote)
		Cemetery Washington, D	
VR A15ME (5)	24. FUNERAL DIRECTOR Nalley's ADDRESS IT. Ra	inier 250. REC'D BY REGISTRAR 255 REGISTRAR 35	GNALDAL
6M 1/67	Fune Tal Home Inc. Maryland	DAJAN 9 1961	U

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1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	ARYLAND
runeral rand 2 r death.	01150 CERTIFICATE OF DEATH 01	149
	1. PLACE DF DEATH a. COUNTY Prince Georges County  ARRYLAND  2. USUAL RESIDENCE (Where deceased lived, If institution: Real STATE as STATE by COUNTY Maryland Prince Georges	esidence before admission)
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Cheverly  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (if outside corporate limits, write RURAL  Bowie	and give nearest town)
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  Prince Georges General Hospital 12319 Firtree Lane, Bowie, Md.	e. IS RESIDENCE ON A FARM? YES NO
7	3. NAME DF First Middle Last 4. DATE Month DF (Type or print) JOHN L. DAWSON DEATH	Day Year
-	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   I SUNDER: last birthday) Months	10 0 /
-		TIZEN OF WHAT UNTRY?
-	John A. S. Dawson Eva May Cox	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service)   16. SOCIAL SECURITY NO.   17. INFORMANT   6700 Bellerst   578-05-4699 Alan B. Dawson Hyattsville.	Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  ### 93 IMMEDIATE CAUSE (a)  DUE TO  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  (b)  DUE TO  DUE TO  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.	INTERVAL BETWEEN ONSET AND DEATH
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  Thurstee that degener, Composition from the farlier  20a. ACCIDENT WAS UNDERLYING TO Part II of Item 18.  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	19. WAS AUTDPSY PERFORMED? YES NO XX
- 11	(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   4	nty) (State)
	21. I certify that (I) (this hospital) attended the deceased from /- 2 1967, to 1-23, 1967 saw the deceased alive on /- 2 1967, and that death occurred at / 2 1 1967. ATTENDING MED. STAFF 22b. DATE DIRECTOR PHYS.   22b. DATE   22c. PHYSICIANS   22d. ADDRESS	2, that (I) (we) last ne date stated above.  ATE SIGNED  3-67  Bowie And.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 1/26/67 Cedar Hill Cemetery Colmar Manor Address 25a. REG'D BY REGISTRAR 25b. REG	Md.
	J. Wm. Lees Sons; Wash., DC DATE JAN 26 1967 gcl	arles Judge

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dill Kenetury Corker Hunor Nd.		

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FOR STATE
HEALTH DEPT.

01151
I. PLACE OF DEA

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01150

	0 2 2			MILL	ICAL LAAMINI	-1/ 3	CENTILICATE O	DLAIII			J11	5 U	
		OF DEATH	•				2. USUAL RESIDENCE (	Where deceased live			nce before	e odmissio	on)
	o. COUI		Prince Geo	maala	MARYLA	AND	o. STATE Marylane	A	b. COUN	nce G	lanno	7010	
1	b. CITY	OR TOWN	If outside corporate lin		c. LENGTH OF STAY IN		c. CITY OR TOWN (If or						
		e RURAL on hever	d give nearest town)		3 days		Suitland				1/2.	1	
			TAL OR INSTITUTION (IF	not in hospital.			d. STREET ADDRESS				017	e. IS RESID	DENCE
			George Ger				5221 Walnut	t Iane			,	ON A FA	ARM? NO 🔀
ı	3. NAME	OF		First	Middle		Lost	4. DATE	Mont	h	Doy	Yeo	ar
-	(Type o	or print)	Fra	nces	R		Deakins	OF DEATH	7		79	196	57
1	S. SEX		6. COLOR OR RACE	7. MARRIED			8. DATE OF BIRTH	9. AGE (		IF UNDER	1 YEAR	IF UNDER	
	Fema	70	White	WIDOWED		H	5-26-1922	lost I	oirthdoy) yrs.	Months	Doys	Hours	Min.
-			N (Give kind of work do	ne 10b. K	CIND OF BUSINESS OR		11. BIRTHPLACE (Stote		1101	12. CI	ITIZEN OF	WHAT	_
	during mos	t of working	life, even if retired) S	1	FOOD		Penna.			((	OUNTRY?	USA	
1	13. FATHE		5		1.000		14. MOTHER'S MAIDEN	NAME				COA	
			J. Byrnes				Margare		eiter				
ŀ				co 11/	COCINI CECURITY NO	17	INFORMANT		Addre				
	(Yes, no, o	r núkab mu)	R IN U.S. ARMED FORCE (If yes give wor or dote	s of service)	SOCIAL SECURITY NO.		llsworth I.	Dookins		e as	11:2		
Į		140				15	IISWOLUN I.	DeakIns	Jame	= 85	ir Z		
			EATH (Enter only one of TH WAS CAUSED BY:	ouse per line fo	r (o), (b), ond (c).)							ERVAL BET SET AND D	
1		O I	IMMEDIATE CAU	SE (o) Left	epidural h	emo	rrhage and	right sub	dural		ON	JET AND L	ZIAIII
		8/6.		UE TO				hemorrha	ge				
	Condi	tions, if ony	, which gove	(b) From	hrain lace	rat	ions	rad area ber					
			te couse (o), (	JE TO From	skull frac	tur	es, basalar	and left.	nari	etal			
-	last.		)	(c) Francis	trauma aut	0.2	coident-	ana 1010	Post 1	1			210
	PART	II. OTHER S	IGNIFICANT CONDITIONS				THE TERMINAL DISEASE CO	NDITION GIVEN IN PA	RT 1(o)		19.	WAS AUTO PERFORM	OPSY
	N N												NO 🗆
	CERTIFICATION 200°.	EXTERNAL C.	AUSE WAS	20b. D	ESCRIBE HOW INJURY OCC	URRED.	(Enter noture of injury in	Port I or Port II of i	tem 18.)			62	
	PRIM/	AR ZX or CC	NTRIBUTING										
			URY Month, Doy, Yeor	Pa.9	ssenger of c	ar	involved in CE OF INJURY (Home, form	COLLISIO	n. townl	(00	ounter)	26.	(Stote)
	<u>a</u>	Hour o.	m.						gside	, Mar	ylar	nd '	(21016)
0		10amp		67 of wo	rk LJ of work LAJS	uit	tory, street, office bldg., etc.  land Rd &	Ridge Cre	st Dr	ive,			
-	21	. I certif		_		ive, he	eld an Autapsy 🔀,					in my	apinia
4	de	eath resul	ted fram: Nati	iral gauses [	, Accident ,	Suid	cide [], Hamicide		mined m	anner _			
	ACTU	AI	1 4	///	Y //		CHIEF MEDICAL	EXAMINER				O DATE	FLOALED
1		ATURE	In	n/	er	1	M.D. ASSISTANT MED	DICAL EXAMINER			2	22. DATE	SIGNED
2		AINER'S E (Type)	John Kehoe	M.D.	Riverdale	, Md		AL EXAMINER t, city, town, or coun	ty)		1-20	0-67	
	23o. BURI	AL, CREMATI	ON. 23b. DATE	THEREOF	23c. NAME OF CEMET	ERY OR	CREMATORY	23d. LOCATION	(City or To	wn)	(County)	(5	Stote)
	REMO	OVAL (Specif	1/23	167	Arlington	Na	tional	Arling			nia		
1		RAL DIRECT			HomeDDRESS		2So. REC'	D BY REGISTRAR	2Sb. RE	GISTRAR'S	SIGNATUR	(E	
					Rd. Suitland	. M		2 3 1967	1 you	ione	o Ju	age	
- 8			TJUU UUJ	· · · · · · · · · · · · · · · · · · ·	and a second or to the country		and a serie		1 11			94	

VR A15ME (5) 6M 1/67

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examina's Office along with form PM3. Page

This certificate should be executed within 24 hours after death. If

O DEPUTY MEDICAL EXAMINER:

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File peges 1 and 2 with the State Department of

Health priar to burial, cremotion, or removal, and in any event within 72 hours after deoth.

any delay is

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## FOR STATE

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate, writing the word "pending" in period in them 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be forwarded to the Chief Medical Examinal is Office along with form PM3. Page TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department of Health prior to buriol, cremation, or removal, and in any event within 72 hours ofter death. 5 moy be retoined for your files.

VR A15ME (5) 6M 1/67

TO DEPUTY MEDICAL EXAMINER:

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-	01152	MEDICAL EXAMINER'S	CERTIFICATE O	F DEATH		01151
	LACE OF DEATH		2. USUAL RESIDENCE (V	Where deceosed lived, if		nce before admission)
(	COUNTY Prince George's	MARYLAND	o. STATE Maryland	2	Prince G	Soongo Lo
}	CITY OR TOWN (If outside comparate limits	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou			
	write RURAL and give nearest town)				THE RORAL ONG GIV	/ /
	Cheverly	DOA	Chillum		10	0./
0	NAME OF HOSPITAL OR INSTITUTION (If not in h	naspital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
P	rince George General	Hospital	711 Ritte	nhouse Str	eet	YES NO X
3. 1	IAME OF First	Middle	Last	4. DATE	Month	Day Year
	PECEASED Type or print) Marriot	t Clifton Dec	t DICK	OF DEATH	7	24 19 67
5. 5			B. DATE OF BIRTH	9. AGE (In	vears IF UNDER	
21		IDOWED DIVORCED		last birth		Days Haurs Min.
_	are Mure		21 Jan. 18		yrs.	717511 05 100147
IUO. duri	USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote		(()	TIZEN OF WHAT
Fa	ng most of warking life, even if retired) i rmer-Timber Deale:	r Same (Ret.)	New Wolm:	ington, P	a. U.	S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME		
	Robert Dick		Lavina S	Stewart		
15.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.   17.	INFORMANT	Jeewal e	Address	
(Yes	, na, ar unknawn) (If yes give war ar dotes af serv	ice)		n n: -1-		- 1121
1	0		s. Sadie (	. DICK,	(same a	s #2).
	IB. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN
	IMMEDIATE CAUSE (a)	Heart failure				minutes DEATH
		Arteriosclerotic h	eart diseas	е		unknown
	Conditions, if ony, which gove ) (h)					
	rise to immediate couse (o), (			State of Fig.		
	stating the underlying cause (c)					
	, (7	THE TANK THE PERSON THE TANK T	THE TEXT DAY OF THE TOTAL CO.	COLUMN COLUMN COLUMN	11.1	19. WAS AUTOPSY
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NOTITON GIVEN IN PART	1(a)	PERFORMED?
3						YES NO X
	20a. EXTERNAL CAUSE WAS PRIMARY □ ar CONTRIBUTING □	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Part I ar Part II af item	18.)	
=	CAUSE OF DEATH.					
MEDICAL	20c. TIME OF INJURY Month, Day, Year		CE OF INJURY (Home, form		own) (Co	unty) (State)
뮟	Hour a.m.		ary, street, office bldg., etc.)			
	britis	at work U of wark U	11 4 .			
	21. I certify that I took charge of			Inspection 📑	Inquiry 🔀 ,	ond in my opinio
	deoth resulted from: Natural co	uses 🗓 Accident 🕖 , Suic	ide, Homicide	Undetermi	ned monner [	
	A //	11/1/1/1	CHIEF MEDICAL	EXAMINER		121
	ACTUAL SIGNATURE	11.26	M.D. ASSISTANT MED	ICAL EXAMINER		22. DATE SIGNED
	TVA MINITRIC	11-1	DEPUTY MEDICA	AL EXAMINER		7 01 /2
	EXAMINER'S Token Kohoo M. D.	. Riverdale, Md.				1-24-67
	NAME (Type) John/Kehoe, M.D.	. ILIVEIUALE, Mu	Address (Street	, city, tawn, ar county)		1-24-01

REC'D BY REGISTRAR JAN 26

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01154 CERTIFICATE OF DEATH 01153 death. 24 haurs after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) signed by the attending physicion and campletely filled in by the funeral burial-transit permit. Then please remave carban papers. Pages 1 and PLACE OF DEATH o. STATE b. COUNTY o. COUNTY MARYLAND PRINCE GEORGE PRINCE GEORGE MARYLAND haurs after c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) . CITY OR TOWN (If outside corporate limits, CAMP SPRINGS d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) within 72 7520 TEMPLE HILL ROAD 7520 TEMPLE HILL ROAD errificate be executed within 3. NAME OF First Middle 4. DATE Month Lost DECEASED JANUARY ONEIDA DRIGGERS 6 DEATH (Type or print) 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Doys APRIL 24,1920 WHITE FEMALE WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of werking the even if retired) COUNTRY? INDUSTRY gud VIRGINIA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or remaval, FLOSSIE GRIZZEL WILLIAM DAMERON requires that the death 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no unknown) (If yes give wor or dotes of service) HEZEKIAH DRIGGERS SAME AS 2 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), DUE TO stoting the underlying couse has been as the attending last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year

the hospital or this certificate O FUNERAL DIRECTOR: After be retained by director, shauld b

Hour o.m

23b DATE THEREOF

Not While ot work ot work

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23c. NAME OF CEMETERY OR CREMATORY

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, and that death occurred at/CiYSPM, from causes and an the date stated above

(County)

(Stote)

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e. IS RESIDENCE ON A FARM?

YES NO X

Year

IF UNDER 24 HRS.

Hours

USA

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

19 67

21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an 22o. SIGNATURE

M.D.

DIRECTOR

196 6, ta

PHYS.

23d. LOCATION (City or Town)

22b. DATE SIGNED

-	
ity)	(Stote)

230. BURIAL, CREMATION, REMOVAL (Specify)

22c PHYSICIAN'S -NAME (Type)

JAN. 10,1967 ARLINGTON NATIONAL 24. FUNERAL DIRECTOR WILHELM FUNERAL HOMEADDRESS

4308 SUITLAND ROAD, SUITLAND, MD.

22d. ADDRESS

2So. REC'D BY REGISTRAR

ARLINGTON, VIRGINIA

REGISTRAR'S SIGNATURE

VR ATS (4)

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fune may	Department after death.		Riverda	and give nearest to	own)	DOA			sville			1/2.1
ىر م	Department				IDN (if not In h	ospital, give street add	ress) d.	STREET ADDRESS				e. IS RESIDENCE DN A FARM?
age tt	State hours a		Leland	Memorial H	Hospital			6313 (	Gallati	n Street		YES NO A
del and 3.	bot i	3.	NAME DF DECEASED		First	Middle		Lest	4. DATE	Mont		
any PM	h the n 72	-	(Type or print)		lley	Parkerson	- 1 0 D	ngan	DEATE	AGE (In years	20	1967 RJIF UNDER 24 HRS
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d be Me	burial-transit cremation, or		gave rise to cause (a), st	P.11	E TO							
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wri	should ent, p	IL CE		H. NJURY Month, Dey	Voar 1 20d	NJURY DCCURRED   20	DIACE D	F INITIRY/Home	farm   20f.	(City or town)	(County)	(State)
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tor.			EXAMINER'S NAME (Type) J		M.D., F	liverdale, M						
O DEPUTY please ex director.		23a	BURIAL, CREM	oltum		23c. NAME OF CEM				CATION (City,		(State)
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01156 01155 death. be executed within 24 hours after death and completely filled in by the funeral remove carbon gapers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Prince George MARYLAND Maryland oon papers. Pages I within 72 hours after b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest town) Bethesda Hvattsville Four months d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE ON A FARM? Sacred Heart Home 10009 Belhaven Road NO X YES | 3. NAME OF Middle 4. DATE Lost Doy Year DECEASED Cecelia Durkin (Type or print) DEATH January IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX AGE (In years 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH NEVER MARRIED lost birthdoy) 7 86 yrs. Months Doys Hours X White WIDOWED DIVORCED Female April 13. 1880 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? INDUSTRY puo United Sta Chicago, Illinois requires that the death certificate Clerical 14 MOTHER'S MAIDEN NAME tes 13 FATHER'S NAME removal the ottending phasit permit. Then Hugh Covle Theresa Quinlan 17. INFORMANT Address 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) Sacred Heart Home. Hvattsville. Maryland cremation, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per fine for (of and (c). burial-tronsit PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) signed by physicion. DUF TO Conditions, if any, which gove (b) rise to immediate couse (a). DUE TO prior to stoting the underlying couse os the Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate hos been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) for use USe NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH of detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20d. INJURY OCCURRED 20f. foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (1) (this hospital) attended the deceased fram. 3 should 36 M. fram causes and an the date stated above and that death accurred at \_ saw the deceased glive an. 22b.) DATE SIGNED. 22o. SIGNATURE STAFF DIRECTOR director, page 3 should be filed v PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL, CREMATION REMOVAL (Specify)
Burial /67 Glenwood, Ill. Assumption Cemetery 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Funeral Home

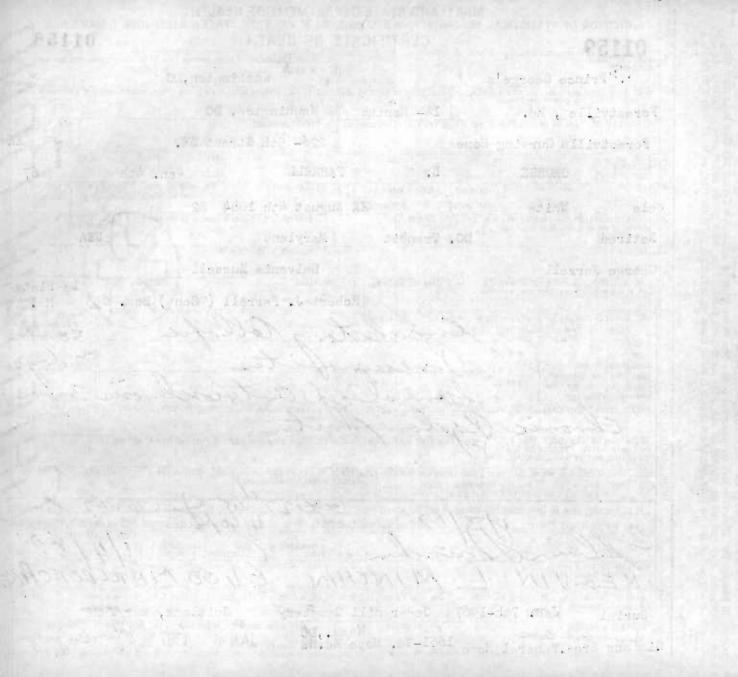
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01158 CERTIFICATE OF DEATH 01157 within 24 haurs after death and campletely filled in by the funeral remake carbon papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE Maryland Prince Georges Prince Georges MARYLAND c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b. write RURAL and give negrest town) 17 days Cheverly Hvattsville. d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 YES 🗍 Prince Georges General Hospital NO [ 7622 Greelev Rd 3. NAME OF Middle 4 DATE Month Day Year DECEASED (Type ar print) Carrie DEATH Farrar Jan 1967 certificate be executed S SEX AGE (In years IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last hirthday) Manths Haurs Days White Female and ha any WIDOWED XXX DIVORCED Feb. 21, 1879 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, ar foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife COUNTRY? INDUSTRY en please Home Maine 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remava Archelus D. McCobb Caroline F. Witney 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknawn) (If yes give war ar dates af service) 16. SOCIAL SECURITY NO 17. INFORMANT requires that the death Address Lydia F. Steward No Same as #2 burial, crematian, IB. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) INTERVAL BETWEEN the signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUF TO Canditions, if any, which gave (b rise to immediate cause (a) DUE TO far use as the L Health prior tab stating the underlying cause Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20a. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Port II of item 18.) be detached for State Dept. of H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Hour o.m. Not While factory, street, office blda., etc.) ATTENDING at work at wark 21. I certify that (1) (this haspital) attended the deceased from. 3 shauld with the and that death occurred at 2: 35PM, from lauses and an the date stated above. saw the deceased alive an 22g. SIGNATURE ATTENDING MED PHYS. DIRECTOR PHYS. director, page should be filed 22c. PHYSICIAN 22d. ADDRESS NAME (Type) Benjamin S. Miller, M.C. B824 34th St. Mt. Rainier, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (State) (County) Burial Specify) 1-30-67 Brooklawn Cemetery Portland, Maine 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR Charles VR A15 (4) 20 M 1/66 1967 Lee Funeral Home 300 4th St.N.E. Wash.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Washington, DC . COUNTY a. COUNTY Prince George's by the MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b bon papers. Pag within 72 hours 24 hours Washingtom, DC Forestville, Md. 14- Months = e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS filled ON A FARM? 226- 5th Street SE. YES NO Forestville Nursing Home completely carbon Month Year DATE Middle Last DECEASED FARRELL 1967 GEORGE Jan. 4th DEATH (Type or print) 9. AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 8. DATE OF BIRTH emove last birthday) Months | Days and Male White WIDOWED DIVORCEDXX August 4th 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) 10a, USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 르 physician lease during most of working life, even If retired) INDUSTRY USA Retired DO. Transit Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phy ermit. Then p n, or removal, Dalvenia Russell George Farrell signed by the attenuised transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address La Plata (Yes, no, or unkown) | (If yes give war or dates of service) law requires that the death ( Son Box. 633 Robert J. Farrell INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (o)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) the hospital or attending physician. Just been s. ve buria. burial DUE TO Conditions, if any, which gave rise to Immediate DUE TO cause (a), stating the as th underlying cause last. AS AUTOPSY TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER STONIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PERFORMED? for use Health certificate NO 🔀 20a. ACCIDENT WAS UNDERLYING 
OR CONTRIBUTING 
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) (State) 20d. INJURY OCCURRED | 20e. PLACE DF INJURY (Home, farm, | 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc. After Id be c at work at work retained 21. I certify that (I) (this hospital) attended the deceased from. 3 should with the the causes and on the date stated above. and that death occurred at saw the deceased alive on. 22a. SIGNATURE pe ATTENDING STAFF PHYS. page DIRECTOR O FUNERAL director, pa 22d. ADDRESS 220. PHYSICIAN'S BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 7th-1967 Cedar Hill Cemetery Suitland. Maryland Burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1661-Gd. Hope Rd.SE VR A15 (4) Bros Funeral 20M 1/65



HI

ecessary, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is recess please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fun director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may retained for your files. File peges 1 and 2 with the State Departnand in any event within 72 hours after de TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. of Health or its designated agent, prior to burial, cremation, or removal,

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY	
PRINCE GEORGE'S MARYLAND	MARYLAND	
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
write RURAL and give nearest town) RURAL-UPPER MARLBORO	OXON HILL	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   e. IS RESIDENCE ON A FARM?	
JUNCTION OF CROOM STATION ROAD AND CROOMS ROAD, UPPER MARLBORO	9522 CHALFONT AVENUE YES NO A	
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year	
(Type or print) GUY WALTER	FETHERSTON DEATH JANUARY 8 1967	
5. SEX   6. COLOR OR RACE   7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 HRS. last b)rthday) Months   Days   Hours   Min.	
MALE CAUCASIAN WIDOWED DIVORCED	16 NOV 32 34 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
ENLISTED MAN USNR-R	NEW YORK, NEW YORK U.S.A.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
WALTER LAW FETHERSTON	ELENOR JOSEPHINE (UNKNOWN)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address	
(Yes, no, or unkown) (If yes give war or dates of service)  YES  54-56 61-62 477-46-0262 0	FFICIAL U.S. NAVY RECORDS	
YES   54-56 61-62   477-46-0262   0	INTERVAL BETWEEN	
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH	
IMMEDIATE CAUSE (a) INJURTES MULTIPLE	F.X TRE.ME.	
S GOA DUE TO		
Conditions, if any, which gave rise to immediate (b)		
cause (a), stating the DUE TO		
underlying cause last. ) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELI	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIGIOUS CONTRIBUTION CONTRIBU	I ERI ORNIED:	
ICA	YES K NO	
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCI PRIMARY PA OF CONTRIBUTING ☐ ATROPART ACCIDE	URRED. (Enter nature of injury in Part I or Part II of Item 18.)	
CAUSE OF DEATH. AIRCRAFT ACCIDE		
3 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)	
Hour a.m. 8 JAN 1967 While at work X at work F	'ARM NEAR UPPER MARLBORO, MD.	
21. I certify that I took charge of the remains described above, he	ld an Autopsy 🗶 , Inspection 🗶 , Inquiry 📝 , and in my opinion	
	icide , Homicide , Undetermined manner	
1 / b /	CHIEF MEDICAL EXAMINER -	
ACTUAL SIGNATURE CARANTER	M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED	
	DEPUTY MEDICAL EXAMINER	
NAME (Type) JOHN KEHOE, MD	Address (Street, city, town, or county) 9 JAN 1967	
23a. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)	
13URIAL 11-15-6/ allengle	mallam Atmiger Va.	
24. FUNERAL DIRECTOR 16 CO 1400 CHADRESS OF STAD 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		
Milli Mandella do Mash	D.C. DATE JAN 16 1967 Cleanley Judge	

VR A15ME 3500 4-64 16

0.1150 

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01161 01160 requires that the death certificate be executed within 24 hours after death. ond funerol 1 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH a. COUNTY PRINCE PRINCE GEORGE'S ompletely filled in by the fur ye corbon popers. Pages 1 event, within 72 hours after MARYI AND b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)

ANDREWS AFB c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b ANDREWS AIR FORCE BASE IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS attending physician and completely filled sermit. Then please remove corbon pape 849-3 MICHIGAN AVENUE JSAF HOSPITAL ANDREWS YES NO K NAME OF Middle 4 DATE First Last Month Doy Year DECEASED OF JANUARY LOVELL STEPHEN FISHER 26 1967 (Type or print) 9. AGE (In years last birthdoy) IF UNDER 24 HRS. 6. COLOR OR RACE IF UNDER 1 YEAR S. SEX 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED remove n any eve Months Hours 24 JAN 1925 MALE. CAUCASIAN WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & Stote, or foreign country) 12. CITIZEN OF WHAT U please, during mast af warking life, even if retired) SERGEANT E-8. USMC COUNTRY? CORPS EVERETT, WASHINGTON 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removo! DECEASED TREVA LA MOSS HAYDEN 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, na, ar unknawn) (If yes give war ar dotes af service) signed by the attendir buriol-tronsit permit. 1944-=Present | 506-20-4757 OFFICIAL U.S. MARINE CORPS RECORDS 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:

ARTERIOSCIED INTERVAL BETWEEN S CAUSED BY:
IMMEDIATE CAUSE (0) ARTERIOSCLEROSIS GENERALIZED VEONSET AND DEATH physician DUE TO 1 DAY Conditions, if any, which gove (b) CORONARY THROMBOSIS rise to immediate cause (o). DUE TO stoting the underlying couse the (c) MYOCARDIAL INFARCTION has been prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) detoched for use CERTIFICATION YES X NO T by the hospitol or O FUNERAL DIRECTOR: After this certificate 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City ar town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg., etc.) Not While ot work 21. I certify that (I) this hospitally attended the deceased from 26 JAN . 1967 , to 26 JAN \_\_\_\_, 1967\_ , that (I) XVVe) last r, page 3 should b be retoined 19.67, and that deoth occurred at 1:03 M, from couses and an the date stoted above sow the deceased alive on 26 JAN 220. SIGNATURE 22b. DATE SIGNED ATTENDING 26 JAN 67 M.D. PHYS DIRECTOR PHYS. NAVAL MEDICAL DEPARTMENT, NAVAL PAYSICIAN<sup>A</sup> MAME (Type KENT FACILITY, ANDREWS AFB, WASH DC 20331 .USN.MC director, should be 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (State) CURDES 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 196 20 M 1/66 DATE

011153 The track of the standard of t The state of the s Sept of the Sept o **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after death.

# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OTT CO CERTIFICATE OF DEATH

_ OTIUV			CERTITICATE	OI DEATH			OTT	PT	
1. PLACE OF DEATH					Where deceased lived, it		lence befor	e odmissio	an)
a. COUNTY	Prince Ge	onges	MARYLAND	o. STATE Marylan	d	b. COUNTY	Cann	202	
b. CITY OR TOWN (I	f autside carparate limits	and and	c. LENGTH OF STAY IN 1b		utside carparate limits, v	Prince			
	give nearest town)	<i>'</i>				VIII O KOKAL UNG 9	//	, idwii,	
L HALLS OF HOSPITA	Cheverly		4 days	Hyattsv	ille		10		Davida
d. NAME OF HOSPITA	AL OR INSTITUTION (If no	t in haspital, giv	ve street address)	d. STREET ADDRESS				e. IS RESIL	ARM?
Prince	e Georges G	General	Hospital	62 <b>2</b> 1 S1	igo Creek	Pkwy.			NO 🔀
3. NAME OF	Fi	st	Middle	Lost	4. DATE	Month	Doy	Yeo	or
(Type or print)	Lott	а	M	Foss	OF DEATH	Jan.	22	196	:7
S. SEX	6. COLOR OR RACE	7. MARRIED [		B. DATE OF BIRTH	9. AGE (In	years IF UNDE	ER 1 YEAR	IF UNDER	
Fame 1-		WIDOWED [			last birtl	hday) Manths	Days	Haurs	Min
Female	White (Give kind of work done		D OF BUSINESS OR	l Aug. 1		yrs.	CITIZEN OF	TAHM	
during mast af warking l	ite, even if retired)	IND	USTRY	11. BIKIMPLACE (COUNT)	& State, or foreign count		COUNTRY?		
Housewit	î e		home	Virginia			USA		
13. FATHER'S NAME	Rn	1		14. MOTHER'S MAIDEN					
	Amos B Bo	nd		Marcia	Smith				
IS. WAS DECEASED EVE	R IN U.S. ARMED FORCES?			INFORMANT	15	Address			
(Yes, no, or unknown)	(If yes give war ar dotes o	f service)	Har:	ion F. Johns	son Rocky	rille, Mo	d.		
I ID. CAUSE OF DE		es nes line for t	3 (1) (1)				LAIT	EDVAL DET	CAFEEN
	ATH (Enter anly one cau H WAS CAUSED BY:	se per line for (		1				ERVAL BET SET AND D	
1/21	/ IMMEDIATE CAUSE	(o)	udiae lamp	unaac			_		
400.1	DUE	TO 7	instruct of						
Conditions, if ony,		(b)	ega wace or	go euranic	v				
stoting the under		TO 7	myo cardial	I dufactio	K.			-	
lost.	)	(c) A	elucin (1)	authorize	Deservalu	19 Ceso	nacy	ash	111
PART II. OTHER SIG	SNIFICANT CONDITIONS CO	ONTRIBUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART	1(0)	19.	WAS AUTO	OPSY
<u> </u>						,	1	PERFORM	NO [
200. ACCIDENT WAS	HINDEDI VINC	Jank Dree	RIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Dort Lar Dark II of item	10.)	1 "	.3	110
OR CONTRIBUTING	☐ CAUSE OF DEATH	200. DESC	NIDE HOW INJUNT OCCURRED.	(ciner notore of injury in	roll 1 of roll 11 of frem	10.)			
	,								
20c. TIME OF INJU	RY Month, Doy, Year		an annual for	CE OF INJURY (Home, farr lory, street, office bldg., etc.		own) (	County)	(	(Stote)
p.m	10	While at wark	Nat While of foct	ory, street, office blug., etc.			,		
21 1 certif	v that (I) (this bos		ed the deceased fram_	1-19	1967 ta /-	- 22,19	967. th	nat (I) 6	wel-
	eceased alive on_	1-22	190 7, and tha	t death accurred by	. 20PMM, fram o	auses and an	the dat	e stated	d abo
220 SIGNATURE	X,		T		/	22b.	DATE SIGN		
Non	un osos	salen	M.	D. PHYS.	MED. STA	FF D	-23	-6	7
22c. PHYSICIAN'S	2001	1000	11.	22d. ADDRESS	PARCON II FIII	3. L	1	, /	
NAME (Type)	IRVIN In	GRAS	SGREEN WILL	DMTK	AINICK	)	Med	. 55	
		.,,				1			
23a. BURIAL, CREMATIO			23c. NAME OF CEMETERY OR		23d. LOCATION (Ci		(County)	) (S	state)
REMOVAL (Specify)	Jan 25,	1967	Cedar Hill C		Suitland	Pro Geo	M	id.	
24. FUNERAL DIRECTOR			ADDRESS	2Sa. REC	D BY REGISTRAR	2Sb. REGISTRAR'S	SIGNATUR	F 0	
F. (	lasch's Son	s Hyat	tsville, Md.	DATE	JA1: 26 N	967 KC	Mary	By X	rong

VR A15 (4) 20 M 1/66

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01163 CERTIFICATE OF DEATH 01162 tely filled in by the funeral rbon papers. Pages 1 and 2 ), within 72 haurs after death. death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Prince Georges MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) c. LENGTH OF STAY IN 1b Washington Glenn Dale (rural) 4 vrs., 7 mos d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Glenn Dale Hospital 1308 14th Street N. W. NO X YES NAME OF 4. DATE carbon Lost Month Dov Year DECEASED Nathaniel Foster Jan. 25 1967 (Type or print) DEATH S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED emave last birthdoy) Months Days Hours 9/9/1922 in any WIDOWED DIVORCED Male Negro 1Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** COUNTRY? and Ashville, N. C. Houseman Kenwood Country Club USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physien en pl or remayal, Ida Mae Johnson Clarence Foster 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 579-18-8048 No Decedent burial, crematian, gastrointestinal bleeding 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN signed by the burial-transit p PART I, DEATH WAS CAUSED BY: ONSET AND DEATH (1) Bronchopneumonia; (2) from peptic ulcer IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. (b) status post uretero-ileostomy 12 days Conditions, if ony, which gove rise to immediate couse (o), DUE TO paraplegia, level of D2 secondary to gunshot stoting the underlying couse as the priar tal yrs.2 wound of the spine last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? has disease with mitral stenosis, compensated; endocarditis, 1/66, healed rheumatic heart NO certificate a 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Yeor 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work 21. I certify that X) (this haspital) attended the deceased fram 6/25 1967, that \$0 (we) lost 30 PM 3 shauld with the \_1967\_\_, and that death occurred at TO FUNERAL DIRECTOR: saw the deceased alive on 1/25 M. fram causes and an the dote stated above. 220 SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. 1/25/1967 directar, page 3 shauld be filed v M.D. DIRECTOR PHYS 22d. ADDRESS Glenn Dale Hospital 22c. PHYSICIAN'S NAME (Type) Glenn Dale, Maryland Moe Weiss, M. D 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, (Stote) BREMOVAL (Specify) 2-2-67 Harmony Mem. Park Landover, Maryland

2So. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

24. FUNERAL BIRECTOR

Prince Offerges

Significant lead of the property of the proper

Racing Lel Fortes X Control Land A 19/1922 4 Territoria stud

Houseast Lairnood Country O'ub - Ashvilla, J. C.

Clarence Forcer

579-10-0010

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Mos Melse, M. D. Glegm Date, deryland De

# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

011	04		CERTIFICATE	OF	DEATH				011	63	90.0
1. PLACE OF DEA	ATH			2. USU	AL RESIDENCE (	Where dec	eased lived, if institut _ b. LOUI		nce befor	re admissio	on)
	ince Georges		MARYLAND	0. 3	Maryla	and	Prin	ce Ge	orge	s	
b. CITY OR TO	WN (If autside carparate limi L and give nearest tawn)	ts,	c. LENGTH OF STAY IN 16	c. CITY	OR TOWN (If o	utside corp	orote limits, write RU	RAL and gir	e neores	st town)	
	everly		2 davs		Mt. Ra	inie	m		16	1	
d. NAME OF H	OSPITAL OR INSTITUTION (If n	at in haspital, g	give street address)	d. STR	EET ADDRESS					e. IS RESIL	DENCE
Prince	Georges Gene	ral Hos	spital	3:	204 Chil	llum	Rd.			YES	
3. NAME OF		irst	Middle		Lost	4. DAT	E Man	th	Doy	y Ye	ar
(Type or print)	Wi	lliam	J. Fra	ber		OF DEA	TH Jan	uary	26,	19 (	67
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED 8	. DATE	OF BIRTH 18	87	9. AGE (In years	IF UNDER	1 YEAR	IF UNDER	
Male	White	WIDOWED 3			.14,186		lost birthdoy)	Months	Doys	Hours	Min.
	ATION (Give kind of work dane	10b. KI	ND OF BUSINESS OR	11. BI	RTHPLACE (County	& State, a	r fareign country)		ITIZEN OI		
during most of wa	king life, even if retired)	IN.	DUSTRY	Wa	sh.,D.	C.		9	J.S.	A.	
13 FATHER'S NA	MF				THER'S MAIDEN E. FO						
J	ohn Fraber				E. Fe	өтд					
15. WAS DECEASE	D EVER IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO. 17. II	NFORMA	NT		Addre	ess O	200	-Jo	hng
	wn) (If yes give war or dates		77-97-3107A	3.6	na Man	~~~	t Staffe				
18. CAUSE (	OF DEATH (Enter only one co				Daught		ghewy Ch				
PART I.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE	(a)	Bronehoppe			be	Laluat	lase,	MICOM	SET AND D	)EATH
52	7 /	TO		6	,		15.	-			
	any, which gave	(b)	Mulminary	60	luna.	Su	use bell	elual			
	ediate couse (a), underlying couse	TO	1-8 11		(						
lost.	bilderlying cause	(c)	I emply sen	non							
PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING 1	TO DEATH BUT NOT RELATED TO T	HE TERN	INAL DISEASE CO	NDITION G	IVEN IN PART I(a)		19.	WAS AUTO PERFORM	OPSY
NO I											NO 🗀
200. ACCIDEN OR CONTRIBL	T WAS UNDERLYING	205. DE	SCRIBE HOW INJURY OCCURRED. (	Enter no	ture of injury in	Part I or I	Part II of item 18.)			XX	
OR CONTRIBL	ITING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)										
- (" ETTTER, IT	F INJURY Manth, Day, Year	20d. II	NJURY OCCURRED 20e. PLAC	E OF IN.	URY (Harne, form	n, 20f	. (City or town)	(C	ounty)	(	(State)
Hai Hai	ir o.m.	While at war		ry, stree	t, office bldg., etc.	)					
21 1	p.itt.		ded the deceased fram	16%	5	19	ton 1/26	19	66 th	nat (I) (	wa) las
	e deceased alive an_		/6 619, and that	death	accurred at	125	M, fram causes	and an	the dat	te stated	abave
220. SIGNA		1							DATE SIGN		
2	20107	las be	W.D		ENDING S.	MED. DIRECTOR	STAFF PHYS.	Jan	26	1967	
22c. PHYSIC		7		22	d. ADDRESS		SOLEO WE		45		
NAME	(Type) Leon Levi	tsky, M	1.D.	31	+08 Rhod	le Is	land Ave.	Mt.Ra	inie	r,Md	•
23a. BURIAL, CRE	MATION, 23b. DATE TH	IEREOF	23c. NAME OF CEMETERY OR C	REMATO	RY	23d.	LOCATION (City or To	wn)	(County	) (S	tate)
REMOVAL S		lam	Mt Olivet C			DAT -	h DC				

ADDRESS Mt Rainier Maryland

Sa.

DATE 6

REC'D BY REGISTRAR

25b.

196

REGISTRAR'S SIGNATURE

Nalley's Home Inc.

24. FUNERAL DIRECTOR

Funeral

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending program and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then peose remove carbon popers. Pages | and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death.

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth.

Poge 4 may be retained by the hospital or ottending physician.

THE PROPERTY OF THE PROPERTY AND A STATE OF THE PARTY OF 0.1163 and the state of t Tartivitali livronsi murristi sepula deleti and all the . O. To . Store ! 1087 THE BOLL THE WILL DO renderi- video The second the second s The state of the s the relation of the same of th 

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE Item #2b OF DEATH 01165 01164 PHYSICIAN: The low requires that the death certificate be executed within 24 hours after deoth. completely filled in by the funeral nove corbon popers. Pages 1 and y event, within 72 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. county from 1464 des o. STATE Maryland Prince Georges MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RIVERGALE c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 1 day Churchton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? eland Memorial Hospital Great Oak Parkway NO X YES 3. NAME OF 4. DATE the attending physician and completely fisit permit. Then please temore corbon First Middle Lost Month Doy Year DECEASED John Franklin 67 Harry Jan. 19 DEATH (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S SFX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED birthdoy) Months Doys Hours 7-29-1888 Ony Male white WIDOWED X DIVORCED IDo. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 1Db. KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? JNDUSTRY \_ USA Charles Co. . Md. carpenter 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John A. Franklin Charollet Welch 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) Patient/Medical Records cremotion, INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-tronsit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH EREBRO-VASCULAR ACCIDENT 7144 IMMEDIATE CAUSE (o) signed by physicion. DUE TO UNKNOWN ARTERIOSCLEROSIS Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate hos been as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO P for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 2Do. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH be detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 2Dc. TIME OF INJURY Month, Day, Year Hour o.m factory, street, office bldg., etc.) Not While ot work 19 67, ta\_ , 1967, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. 1:5 19 67, and that death accurred at 805 A.M. fram causes and an the date stated above should saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** STAFF PHYS. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S RIVERDALE NAME (Type) director, 23d. LOCATION (City or Town) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY (Stote) 23o. BURIAL CREMATION. (County) REMOVAL (Specify) 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

01164 1/1 THE WAY THE THE MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01166

### CERTIFICATE OF DEATH

01165

1. PLACE OF DEATH			e deceased lived, if institution: Res	sidence before admission)
o. COUNTY James Slow	MARYLAND	a. STATE male	b. COUNTY	0,1.
b. CITY OR TOWN (If autside carparate limits)	c. LENGTH OF STAY IN 16	CITY OF TOWN (If outside	corporate limits, write RURAL and	rive negrect town)
write RURAL and give nearest tawn) Lanham	C. LENGTH OF STAT IN 10		Colporore illinis, write Kukar one	give flediesi fowing
		Landover	10	01/
d. NAME OF HOSPITAL OR INSTITUTION (If nat in	haspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Dagnelia Jardens	Kureling from	2601 Oregon		YES NO 🔀
3. NAME OF DECEASED (Type or print) Les tu	) Middle	-axee 4.	DATE Manth OF DEATH	Doy Year 22 1967
21 / 1.24 -	MARRIED NEVER MARRIED DIVORCED	8. DATE OF SIRTH Dec. 17, 189	The state of the s	DER 1 YEAR OF UNDER 24 HRS. This Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of wark dane during past of porking life, even if retired)	10b. KIND OF BUSINESS OR Buildings	11. 81RTHPLACE (County & Sto	te, or foreign country)	2. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME Charles E. Frazie	r	14. MOTHER'S MAIDEN NAMI Addie V.		00/10/00/03
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no or unknawn) (If yes give war ar dates of se		INFORMANT Trle E. Frazie	Address er Same as#2	
18. CAUSE OF DEATH (Enter only one cause p		1		INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a).	RESPIRATORY A	rrest		ONSET AND DEATH
DUE TO	7 h		1 1	/
Canditians, if any, which gave ) (b)	(OZ NAR	cosis Due	to Kespinsh	They
rise to immediate couse (o),		7	(JORST 121	
stoting the underlying couse (c)	TERMINAL HETAS	73 tic Concino	un , Princary or 7	OINFUL
PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITI	ON GIVEN IN PART )(a)	19. WAS AUTOPSY
	NONE			PERFORMED?
20g. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part	Lar Part II of item 18 )	1 12
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	200. DESCRIBE HOW HISOKY OCCORNED.	(Line) halore of injory in ron	Turi Turi Turi Turi Turi	
20c. TIME OF INJURY Month, Doy, Year		ACE OF INJURY (Home, farm,	20f. (City ar town)	(County) (Stote)
Hour a.m.		tary, street, affice bldg., etc.)	THE STATE OF THE STATE OF	
21. I certify that (I) (this hospite	ol) attended the deceased fram_	1/6 .19.6	7. to 1/22	19.67, that (I) (we) la
	122 1967, and the	at death occurred at	M, fram causes and c	an the date stated abov
22a. SIGNATURE	maria Smit	ATTENDING - MED	22	b. DATE SIGNED 1-2-2 6-7
22c. PHYSICIAN'S P. LONG	onto, MD.	22d ADDRESS	NDOVER Rd.	Herealy, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREC	DF 23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (State)
Bull Al (Specify) 1/25/67			Colmar Manor	P.G. Md.
24. FUNERAL DIRECTOR	ADDRESS	2Sa. REC'D BY		
Francis Gasch's Sons		DATE JAN	- 0 1007 MI	earles Judge.
rancis dascii s Dolls	TIT COOR TATEOR INTO	DATE JAN	40 1001 /	10

**TO FUNERAL DIRECTOR:** After this certificate hos been signed by the attending physician ond completely filled in by the funeral director, page 3 should be detached for use os the burial-tronsit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removel, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Poge 4 moy be retained by the hospitol or ottending physicion.

> VR A15 (4) 20 M 1/66

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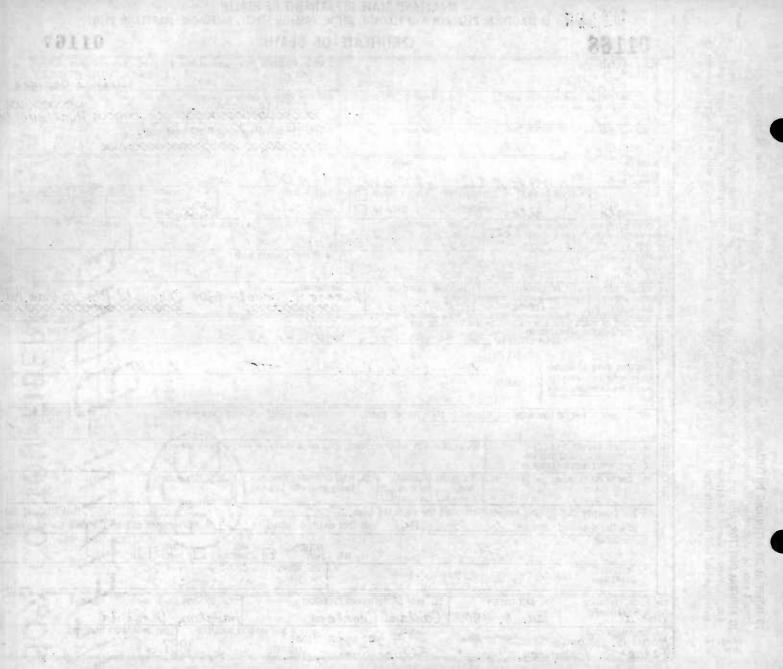
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tems 18&21 Film 388 4-24-MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01167 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 01166 HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY 2, ond 3 to PM3. Page Prince George's MARYLAND Maryland Prince George's b. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Cheverly DOA Hvattsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? e, writing the word "pending" in pencil in Item 18. Give Pages 1, forwarded to the Chief Medical Examiner's Office olong with form hours YES NO -Prince George General Hospital 5313 Crittenden St. 24 hours ofter death. 3. NAME OF 72 Middle Lost 4. DATE Year Doy DECEASED Furlong (Type or print) Patricia DEATH 19 event-within lond 2 with S.\SEX 6. COLOR OR RACE 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS. 7. MARRIED NEVER MARRIED June 27, 1929 last birthdoy) Months Hours WIDOWED DIVORCED White Memale 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife INDUSTRY COUNTRY 3 Florida Dade Co Tampa any poges in any own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within Glen Harvey Montgomery mma May Mauldin pup 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address ar remaval. (Yes, no, or unknown) (If yes give wor or dotes of service) 577 32 8853 Gerald P Furlong Hyattsville, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Undetermined IMMEDIATE CAUSE (o) used as o buriol-tr buriol, cremation, DUE TO Conditions, if ony, which gove Associated with cerebral edema, Petechiae, rise to immediate couse (a), **新光** stoting the underlying couse Chronic Pancreatitis, severe PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES T please execute the certificate, NO its designoted ogent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) PRIMARY Or CONTRIBUTING 4 should MEDICAL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While moy be retained for your FUNERAL DIRECTOR: Page ot work ot work Inspection x 21. I certify that I took charge of the remains described above, held on Autopsy Inquiry x ond in my opinion deoth resulted from: Notwolkcauses the funeral director. Accident Suicide . Homicide | Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5 moy be r TO FUNERAL Health or i TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** 1-26-67 Riverdale, Md. Kehoe, M.D. John NAME (Type) Address (Street, city, town, or county) 230. BURIAL, CREMATION, REMOVAL (Specify) Burial 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) Arlington Virginia Jan 30, 1967 Arlington National 250 MACH BY TEE STRAPS 7 256. REGISTRARIS SIGNATURE 24. FUNERAL DIRECTOR . Gasch's ons Hyattsville, Md. VR A15ME (5) 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01167 CERTIFICATE OF DEATH 01168 requires that the death certificate be executed within 24 hours after death. and 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 1. PLACE OF DEATH and campletely filled in by the funeral remave carban papers. Pages 1 and o. COUNTY o. STATE h COLINTY c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TOWN (If outside corporate limits. write RURAL and give nearest town) remave carban papers. n any event, within 72 ha d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) YES NO NAME OF Middle Lost DATE Month Doy Year First DECEASED 19 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Doys Hours WIDOWED DIVORCED and in any 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? physician NMEN 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remaval, 0115 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMAN1 Address Gadol - 6306 swold (Yes, no, or unknown) (If yes give war or dotes of service) 13-0350 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: THROMBONIS CORONARY IMMEDIATE CAUSE (o) signed by be retained by the haspital or attending physician. DUE TO MISEAJE Conditions, if ony, which gave HE AKT ARTERIO SCLEROTIC rise to immediate couse (a). DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been use as the priar ta 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) af Health NO lar 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Not While at work 21. I certify that (1) (this hospital) attended the deceased from JUNK 14, 1954, to JAN 19 67, that (1) (we) last 1966, and that death occurred at 43° M, from couses and an the date stoted above. saw the deceased olive an DEC 29 22b. DATE-SIGNED 220. SIGNATURE M.D. 22d. ADDRESS WISC 22c. PHYSICIAN'S DONEVAN 150 NAME (Type) BETHESD A directar, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) Oakland Cemetery Hampton. Virainia Jan. 2Sb. REĞISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 DATE JAIN



CEDAR HILL CEMETERY

PRINCE GEORGES, MARYLAND

2Sb. REGISTRAR'S SIGNATURE

2So. REC'D BY REGISTRAR

law requires that the death certificate be executed within 24 haurs after death

be retained by the haspital or

VR A15 (4) 20 M 1/66

B REMOVAL (Specify)

24. FUNERAL DIRECTOR

JAN. 4, 1967 WILHELM FUNERAL HOMEADDRESS

4308 SUITLAND ROAD, SUITLAND MD.

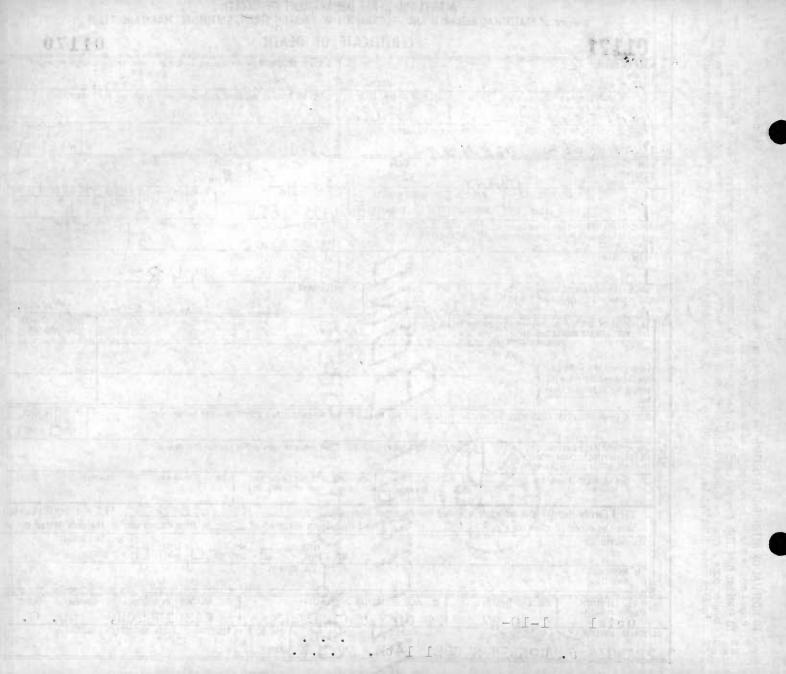
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01170 CERTIFICATE OF DEATH 01169 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death funeral and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY rely filled in by the function ban papers. Pages 1 c., within 72 haurs after d Prince Georges D.C. MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b Glenn Dale (rural) 78 days Washington d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 1436 A St., S.E. Glenn Dale Hospital YES NO A NAME OF remave carban Middle 4. DATE First Last Month Day Year DECEASED 21. January 67 Addie any event, (Type or print) Gary DEATH 19 IF UNDER 1 YEAR IF UNDER 24 HRS. SEX 8. DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Months Days Hours 1/20/1899 female negro WIDOWED X DIVORCED and 10a. USUAL OCCUPATION (Give kind af wark dane during most af working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT and in COUNTRY? attending physician opermit. Then please **INDUSTRY** South Carolina housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending physi burial-transit permit. Then pl burial, crematian, ar removal, Rectine Coronus Alex Whitfield 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, ng. or unknown) I(If yes give war ar dates af service) 248-66-7468 Decedent no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Probable bronchogenic carcinoma, PART I. DEATH WAS CAUSED BY: right, with metastases and pleural effusion. INTERVAL BETWEEN 2 ONSET AND DEATH IMMEDIATE CAUSE (o) **ro Hospital OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave (b) rise to immediate cause (a), DUE TO stating the underlying cause priar ta L has been the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Pulmonary tuberculosis, minimal; generalized arteriosclerosis with 19. WAS AUTOPSY PERFORMED? use Health 1 NO XX **DIRECTOR:** After this certificate arteriosclerotia heart disease: diabetes mellitus far 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) (State) factory, street, office bldg., etc.) Not While at wark ot wark 21. I certify that (\* (this hospital) attended the deceased fram. 11/4/ 19 66 to 1/21/ . 19 67, thot XXX (we) last 1967, and that death occurred ab: OOP M, fram causes and an the date stated above. /21/ saw the deceased alive an. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING 1/21/67 M.D. DIRECTOR TO PHYS. Glenn Dale Hospital 22d. ADDRESS 22c PHYSICIAN'S TO FUNERAL NAME (Type) Glenn Dale, Maryland Moe Weiss. M.D. 234 NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (State) REMOVA (Specify) 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01170 01171 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death death funeral 1 and 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY GEORGE the attending physician and campletely med med pages I sit permit. Then please remove carban papers. Pages I MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c, LENGTH OF STAY IN VI c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS NO Z YES OLL Middle DATE NAME OF Month Doy Year First Lost DECEASED 196 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years S. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY ASHING TO HOUSE WI 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: cremat ONSET AND DEATH burial-transit IMMEDIATE CAUSE (o) TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires may Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by DUE TO burial, Conditions, if ony, which gove (b) nise to immediate couse (a), DUE TO stating the underlying couse as the l priar ta b lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION far use 3 shauld be detached far use with the State Dept. af Health NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work 3 shauld be 1/4me , 1961, to Jan 6, 1967, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram\_ and that death accurred at 220 M, fram causes and an the date stated above 1962. saw the deceased alive on Vinn 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. **ATTENDING** M.D. DIRECTOR PHYS. directar, page 3 should be filed 22d. ADDRESS PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY WASHINGTON. C. CEMETERY 1-10-67 OLIVET Buria 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR wills VR A15 (4) 20 M 1/66 14th. ST.N.W. 3821 DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OF DEATH Funeral Home - 1/16 N Item 8, Telepho 01172 the attending physician and campletely filled in by the funeral sit permit. Then please remaye carbon papers. Pages 1 and 2 requires that the death certificate be executed within 24 hours after death Prince George's PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 6 COUNTY 4408 Queensbury Rd. o. Waryland . P.G. County CokkexexRank. Riverdale, MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 7 Days. College Park. Maryland. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Eugene Leland Hospital. 4603 Fordum Rd. YES NO PO 3. NAME OF Middle 4. DATE First Lost Month Doy Year DECEASED (Type or print) Sara Eleanor Goodwin January 10 1967 DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 7. MARRIED 303 lest birthdoy) Months Doys Hours Female White 2-14-17 1914 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working file, even if retired) **INDUSTRY** COUNTRY? Penn USA. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry H. Swainbank Florence Wise 16. SOCIAL SECURITY NO. 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unknown) (If yes give wor or dotes of service) 265 32-5062 4408 Queensbury Rd. Hospital Records. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and PART I. DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (o) p DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUF TO stoting the underlying couse by the haspital or attending this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. fa (Enter of injury in Port or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceosed from Page 4 may be retained 1967, and that death occurred at scare, from causes and on the date stated above sow the deceased dive on 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR directar, page 3 shauld be filed v ADDRESS 22c. PHYSICIAN'S CHIARMON/B NAME (Type) harlow 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23o. BURIAL, CREMATION, (County) (Stote) BUEMQVALI(Specify) 1/14/67 Crystal Lake Gardner Mass ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 6 Francis Gasch's Sons Hyattsville, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01173 certificate be executed within 24 hours after death. death. physician and completely filled in by the funeral 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY P. G. o. STATMaryland o. COUNTY Prince George within 72 hours after MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Lanham 11 hours d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? P.O. 65 Prince George General YES NO TO Middle 3. NAME OF First Last 4. DATE Manth Day Year DECEASED Beulah F. Gloss 67 Jan 19 (Type ar print) DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 8 dast birthday) Manths Davs Female White 6-8-84 Hours WIDOWED X DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) INDUSTRY COUNTRY ? 13. FATHER'S NAME AT HOME IRGINIA 14. MOTHER'S MAIDEN NAME or removal, UGUSTUS INFORMANT SAME AG 16. SOCIAL SECURITY NO. Address PHYSICIAN: The law requires that the death the attendil BENEDIC permit. (Yes, no, or unknown) (If yes give war ar dates of service) #= 560 46 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), ond (c).)
PART I: DEATH WAS CAUSED BY: signed by the burial-tronsit p burial, crematic ONSET AND DEATH TRTERIOSCI IMMEDIATE CAUSE (o) physician. DUE TO Conditions, if ony, which gave rise to immediate cause (a), DUE TO as the priar to stating the underlying cause **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS)
PERFORMED? for use CERTIFICATION with the State Dept. of Health YFSCF NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME DE INJURY Month, Doy, Yeor Hour a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (State) Nat While factory, street, office bldg., etc.) at wark 21. I certify that (I) (this haspital) attended the deceased fram 2 -19 100 to saw the deceased alive an Jan 7 167 and that death occurred at 8:20MPfrom causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR M.D. PHYS. PHYS. , page 3 be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Aaron Deitz Hvattsville, Maryland directar, shauld be 23a. BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) ADENCBORG, MARYLAND 2Sa. REC'D BY REGISTRAR 2Sh. REGISTRAR'S SIGNATURE W. Chambers DATE

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01174

CERTIFICATE OF DEATH

077.	34	GERTIFIC.	TIE OF BEATH		01174
o. COUNTY	Prince Georg	MARYLAN	o. STATE Mar	Where deceased lived, if institu yland b. COL	ution: Residence before odmission) UNTY Pro Geo Md.
write RURA	(N (If outside corporate limits, and give nearest town)	1 day		tside carparate limits, write RU tsville, Md.	URAL and give nearest tawn)
d. NAME OF HO	spital or institution (if not nee George's	in hospital, give street address) Hospital	d. STREET ADDRESS 4010 en	nedy street	e 1S RESIDENCE ON A FARM? YES NO TO
3. NAME OF DECEASED (Type or print)	George	t Middle (x.•	Gray	4. DATE Mor OF Jan	6, Day Year 67
s. sex male	6. COLOR OR RACE white	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8 Oct 25, 190'	9. AGE (In years 59 post birthday) yrs.	Manths Days Haurs Min.
during most of wor	TION (Give kind af work done cing life, even if retired)	lob. KIND OF BUSINESS OR Brick O.	11. BIRTHPLACE (County 8	S State, or foreign country)  nd	12. CITIZEN OF WHAT COUNTRY S A
13. FATHER'S NA/	George W G	ray	14. MOTHER'S MAIDEN N	ian Thompson	
1S. WAS DECEASED (Yes, no, or unkno	EVER IN U.S. ARMED FORCES? vn) (If yes give wor ar dates af <b>no</b>	16. SOCIAL SECURITY NO. 579 164 611	17. INFORMANT Joseph G Gray	y Hyattsvi	
18. CAUSE C PART I.	F DEATH (Enter only one cous DEATH WAS CAUSED BY: IMMEDIATE CAUSE (	e per line far (a), (b), and (c).) a) Correna una	of the lan	yup with	INTERVAL BETWEEN ONSET AND DEATH
rise to imme stoting the u	nderlying cause DUE 1	b) Underta	<i>n</i> >		1/vyears
PART II. OTHI		c) NTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONT	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO [4]
OR CONTRIBU	WAS UNDERLYING  ING CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in P	'art I or Part II of item 18.)	
20c. TIME OF	INJURY Manth, Day, Year a.m. p.m. 19	20d. INJURY OCCURRED 20e While Nat While at wark	PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.)	, 20f. (City or tawn)	(Caunty) (State)
21. 1 c saw th	ertify that (1) (this hasp deceased alive an	ital) attended the deceased fram	n		and an the date stated abave
22o. SIGNAT	roldsit	eu -		MED.  STAFF DIRECTOR PHYS.	22b. DATE SIGNED /- 7 - 67.
22c. PHYSICI NAME (	ype) Romald S	FLEISCHER M	7.1 22d. ADDRESS 1.1	1665 Rd	1 /yattontle, Ad
23a. BURIAL, CREA	ation, 236. Date ther Jan 9,			23d. LOCATION (City or To "heaton Mont	tgomery Md. (State)
24. FUNERAL DIR		ADDRESS Hyattsville, Md.		BY REGISTRAR 25b. R	REGISTRAR'S SIGNATURE Judges

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician.

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OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) COUNTY a. STATE 4 b. COUNTY after papers. Pages 1 in 72 hours after 21 6 0 x cora MARYLAND b. CITY OR TOWN (if outside Corporate limits. CLENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 10 mg. hours = 4-15-62 d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled IS RESIDENCE ON A FARM? within YES ND \_ within etely completely ive carbon NAME DE 3. Middle Last 4. DATE Month Day Year DECEASED DF event, (Type or print) 70 KTQQC DEATH 30 19 6 executed 5. SEX 6. COLOR OR RACE remove DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months | and any Davs 60 WIDDWED DIVORCED 151 8 3 yrs. 10a. USUAL DCCUPATION (Give kind of work done) = 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT lease and ir during most of working life, even if retired) INDUSTRY COUNTRY? 0.45 9 W ONTOCMANY ertificate 교 FATHER'S NAME MOTHER'S MAIDEN NAME remova Itemaing parties of the Ther amas 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN1 17. Address been signed by the attenthe burial-transit permit. In to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) 213-56 277278 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that to Page 4 may be retained by the hospital or attending physician. udden IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. as (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING FODEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health p 19. WAS AUTOPSY certificate PERFORMED? ND K YES 2Da. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) t. of DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20f. (City or town) (County) (State) factory, street, office bidg., etc.) Hour a.m. After d be d e State Not While at work While at work p.m. P 21. I certify that (I) (this hospital) attended the deceased from the DIRECTOR: / age 3 should lied with the saw the deceased alive on and that death occurred at 11-1. M, from the causes and on the state stated above. 22a. SIGNATURE DATE SIGNED 22b. ATTENDING PHYS. STAFF M.D. DIRECTOR pag FUNERAL PHYSICIAN'S 220. ADDRESS director, p 22d. NAME (Type) BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23a. 23b. 23d. LOCATION (City, town or county) (State) 9 (Specify) FUNERAL DIRECTOR REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 196 VR A15 (4) DATE 2DM 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

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2	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	ARYLAND
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hours after death	and 2 death.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Res a. STATE b. COUNTY	idence before admission)
ter	the f	Prince George's Maryland Prin	ce George's
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PHYSICIAN: The law requires that the death certificate be executed within the hospital or attending physician.	carbon   ent, with	3. NAME OF First Middle Last 4. DATE Month OF	Day Year
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ate	Syle Park	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	**
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9	attendin rmit. Th n, or rem	15. WAS OECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) 220 60 0876 11 1 or ence G Benton Lanham. Md.	
eath	att ermi	(Yes, no, or unkown) (If yes give war or dates of service) 229 60 0876J1 Torence G Benton Lanham, Md.	
9	d by the atten transit permit. cremation, or	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND GEATH
an.	gned by lal-transi lal, crem	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chidure avent	/mon
tha	signed urial-tra urial, cr	420.0 OUE TO	0
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aw I	has b as th prior	underlying cause last. ) (c)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GLYEN IN PART 1(a)	119 WAS AUTOPSY
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Te A	_ W(r) >	22a. SIGNATURE 22b. PAT	TE SIGNED
	NL DIR page filed	M.O. ATTENOING MEO. STAFF   1/7	166
TO HOSPITAL Page 4 may		22c. PHYSICIAN'S NAME (Type) Leon R. Levitsky, M.D. 22d. ADDRESS 3408 Rhode Island Ave., Mt.Rain	nier. Md.
O HOSI	O FUNERAL director, p should be	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or coun	
100	10 in 48	REMOVAL (Specify) Jan 10, 1967 Fairview Cemetery Culpeper Virgin	
		24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. RECASTRAR'S	
	A15 (4)	F. Gasch's Sons Hyattsville, Md.	as Judges
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tion lives? Prince George's . bl lentrice control o sector o feather to the sector of The second of the second of All anieta 20 . Lyttano 400 . 3000 lando island Ay. . (C. Calaire, M. NAME OF A PARTY OF THE same of the sa

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death requires that the death certificate be executed within 24 hours after death d campletely filled in by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY ve carban papers. Pages 1 event, within 72 haurs after CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) a 4 VENdo d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 73 RIVERDIEW Memorial YES NO K Jemave carban 3. NAME OF Middle First Last 4. DATE Doy Year DECEASED (Type or print) Infant Girl Ja Il hard Hal DEATH S. SEX IF LINDER 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH 9. AGE (In years NEVER MARRIED 1F UNDER 24 HRS lost hirthday Months Haurs Days (e) liste WIDOWED DIVORCED attending physician an permit. Then please re 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Riverdale. Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaval, Schu Walker Hall renda Dean 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, poor unknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSEO BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying couse to HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be refained by the haspital ar attending as the priar ta last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) **FUNERAL DIRECTOR:** After this certificate ha director, page 3 shauld be detached far use shauld be filed with the State Dept. of Health p YES NO FX 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. factory, street, affice bldg., etc.) Nat While 19 of work at wark 21. I certify that (1) (this hospital) attended the deceased from 1947, that (I) (we) last 196 7 to and that death accurred at 2.30AM, from causes and an the date stated above. saw the deceased alive on 196 220 SIGNATURE 22b. DATE SIGNEO ATTENDING PHYS. M.D. DIRECTOR 224 ADDRESS Mair Street, Laurel, Md. 22c. PHYSICIAN'S Robert S. McCenev NAME (Type) 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE THEREOF 23- NAME OF GENETERY OF CREMATORY ~ (County) (State) REMOVAL (Specify) Laurel. P. G. Md. 0 967 Laurel, Md Buria January. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 harley 967

A CONTROL OF THE PARTY OF THE P 4 4 4 H. Callette 

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01178 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Prince Georges o. STATE Maryland Prince Georges MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Seat Pleasant 14 days Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? ES NO d STREET ADDRESS 6310 Foote St. Prince Georges General Hospital YES 🗍 3. NAME OF DECEASED Middle 4 DATE First lost Doy Year Blanche P. Hall Jan. 16 1967 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours 2/28/81 WIDOWED T white DIVORCED Female 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? **INDUSTRY** Maryland Tenent 14. MOTHER'S MAIDEN NAME Charlotte Cox 16. SOCIAL SECURITY NO. Thomas I. Scanlor-Seat Pleasant, Md. 17. INFORMANT INTERVAL BETWEEN ONSET AND DEATH Dulmohary IMMEDIATE CAUSE (o) DUF TO DUE TO 19. WAS AUTOPSY PERFORMED? NO XX Leheovosewlow accident 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) foctory, street, office bldg., etc.) Not While of work ot work

Housewife

13. FATHER'S NAME Daniel Pumphrey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: Conditions, if ony, which gove rise to immediate couse (o). stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 200. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 21. I certify that (1) (this haspital) attended the deceased fram Jan. 2, 1967, ta Jan. 16, 1967, that (1) (we) last saw the deceased glive an Jan. 16, 167, and that death accurred at 2:10 PM, from causes and an the date stated above. 22b. DATE SIGNED 220. SIGNATURE Jan.17,1967 M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Jensen. Prince Georges General Hospital Edwin 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, Bur MOVA (Specify) 1/20/67 Mt. Carmel Cemetery Upper Marlboro Md.

2So. REC'D BY REGISTRAR

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25b. REGISTRAR'S SIGNATURE

The law requires that the death certificate be executed within 24 haurs after death. transıt permit. Then please remave carban papers. Pages l crematian, ar remaval, and in apf event, within 72 haurs after the attending physician and campletely filled in sit permit. Then please remave carban papers. signed by the burial-transit p Page 4 may be retained by the haspital or attending physician. burial, as the O FUNERAL DIRECTOR: After this certificate has for use 3 shauld director, page shauld be filed

24. FUNERAL DIRECTOR

Ritchie Bros. Upper Marlboro. Md.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01181 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 01179 HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY any delay is , 2, and 3 to n PM3. Page and 2 with the State Department of Prince George MARYLAND Prince George b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) Cheverly Fairmont Heights d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Office alang with farm in Item 18. Give Pages 1, YES NO -Prince George General Hospital Sheriff be executed within 24 haurs after death. NAME OF 4. DATE Lost Month Dov Year DECEASED John Thomas Handy (Type or print) 19 DEATH 9. AGE (In years S. SEX 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Manths Days Hours death. WIDOWED DIVORCED April 1887 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Marylano please execute the certificate, writing the ward "pending" in pencil in directar. Page 4 should be forwarded to the Chief Medical Examiner's aborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Hanov Julia Secgwick burial-transit permit. File u. 15. WAS DECEASED EVER IN U.S. ARMED FORCE S? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, na, ar unknown) (If yes give wor or dates af service) event within Emory Handy CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH Heart failure IMMEDIATE CAUSE (o) This certificate shauld DUF TO any Conditions, if any, which gave Arteriosclerotic heart disease (b) unknown rise to immediate cause (a), .= DUF TO 0 stoting the underlying cause pup SD be used 19. WAS AUTOPSY PERFORMED? ar remaval, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 shauld PRIMARY I or CONTRIBUTING I EDICAL EXAMINER: CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or tawn) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour a.m. factory, street, office bldg., etc.) While Not While 5 may be retained far yaur o FUNERAL DIRECTOR: Page Page at work at work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection x Inquiry Se and in my opinion Natural causes & Accident death resulted fram: Undetermined manner funeral directar. Suicide [ Hamicide [ CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER priar SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** 1-14-67 Kenoe, M.D., Riverdale John Health Address (Street, city, tawn, or county) NAME (Type) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION. (County) (Stote) Jan. 21, 196 Rockville, Montg. Lincoln Park 25o. REC'D BY REGISTRAR **ADDRESS** 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) DATE JAN Mande Wille, Ma.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

01182 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. STATE Maryland o. COUNTY b. COUNTY Prince George's Prince George's MARYLAND b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest tawn) College Park Riverdale DOA d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCI 99 ON A FARM? NO X 9520 50th. Place Leland Memorial Hospital NAME OF Middle 4. DATE Month Doy Year DECEASED (Type or print) DEATH Harbin Raymond IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH AGE (In years NEVER MARRIED lost birthdoy) Months Hours WIDOWED DIVORCED June 1920 11. BIRTHPLACE (State or foreign country) YIS. Mala White 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done USUSTRY?A. during most of working life even if retired)
Electrical Contractor Self South Carolina 14. MOTHER'S MAIDEN NAME Eula L Hodge 13. FATHER'S NAME Raymond S. Harbin 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unknown) (If yewwwar a dates of service) 248 12 5142 Frances E. Harbin Same as #2 (wife) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) Heart failure minutes DUE TO Arteriosclerotic heart disease uhknown Canditions, if ony, which gave rise to immediate couse (o). DUE TO stoting the underlying couse lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION NO X 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) Hour o.m. foctory, street, office bldg., etc.) Not While at work ot work Inspection X 21. I certify that I took charge of the remains described obove, held on Autopsy ... Inquiry X and in my opinion death resulted from: Notural courses x . 1 Accident

**EXAMINER:** This certificate should execute the certificate, 3 shauld 4 shauld crematian, Yaur FUNERAL DIRECTOR: Page funeral directar may be retained Health prior ta

NAME (Type) John Kehoe, M.D. 230. BURIAL CREMATION. DATE THEREOF BMQYAH(Selciff) 1/6/67

ACTUAL

SIGNATURE

**EXAMINER'S** 

23c. NAME OF CEMETERY OR CREMATORY Arlington National

Suicide .

Homicide

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

2So. REC'D BY REGISTRAR

JAN

Riverdale, MdAddress (Street, city, town, or county) 23d. LOCATION (City or Town) (County) Arlington Va. Arlington

24. FUNERAL DIRECTOR Francis Gasch's Sons Hyattsville, Md.

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22. DATE SIGNED

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	4 224	01183 CERTIFICATE OF DEATH 0	1181
	funer and and death	1. PLACE DF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Reside a. STATE b. COUNTY	ence before admission)
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	hour d in rs. F 2 hou	Cheverly, Maryland 14 days Imper Hambour Maryland	e. IS RESIDENCE
	fille pape	Prince George's General Hospital Bon 2339, Upper Maribore, With	ON A FARM?
	tted within 24 hours completely filled in by ve carbon papers. Pag event, within 72 hours	3. NAME OF First Middle Last 4. DATE Month DECEASED OF Henry Harmel DEATH January 5.	1967
	executed within and completely remove carbon any event, with	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   FUNDER 17E last birthday) Months   Day	AR IF UNDER 24 HRS.
	be execu	Oct	EN OF WHAT
	2000	New York State  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	
	= 0000	Gustav Harmel Holmerant Julia Lintz	
	eath cert attendin ermit. Th on, or rem	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Earl Harmel (son) Box 2339,	
	The law requires that the death co or attending physician. cate has been signed by the attencr use as the burial-transit permit. ealth prior to burial, cremation, or r	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 1 Upper Mariboro, Md.  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Or on any fleary Disease.	NTERVAL BETWEEN DISET AND DEATH
	s than iysicia igned rial-tr rial, c	4201 DUE TO Anserio relater Coronary Heart Discore	5 1
	i law requires that the attending physician. I has been signed by the as the burial-transit in prior to burial, creman	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  (b) Reute pulmo name External External Control of the cause (a), stating the cause last.	2 weeks
	he law or attended to the has use as alth prior		19. WAS AUTOPSY PERFORMED?
	Clan; The I ospital or al certificate I hed for use to of Health	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO X
	sicial hospid cert ched pt. of		
OR ATTENDING PHYSICIAN: The be retained by the hospital or INECTOR: After this certificate is 3 should be detached for use with the State Dept. of Health	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While Not While at work at work at work at work	) (State)	
	ATTENDING retained by CTOR: After should be with the Stat	21. I certify that (I) (this hospital) attended the deceased from 12-22, 1966, to 1-5, 1962	, that (I) (we) last
	OR ATTENDI y be retained DIRECTOR: A age 3 should lied with the S	saw the deceased alive on 1 - 4 196, and that death occurred at 2.7AM, from the causes and on the causes and on the causes and on the causes are caused at 2.7AM, from the causes and on the causes are caused at 2.7AM, from the causes and on the causes are caused at 2.7AM, from the causes and on the causes are caused at 2.7AM, from the causes are caused at 2.7AM, from the causes and on the causes are caused at 2.7AM, from the caused at 2.7AM, from the causes are caused at 2.7AM, from the 2.7AM, from	
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	Page 10 FU direct Shou	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county Burial Suitland	
	NP	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S S	
	VR A15 (4) 15M 4-64	Ritchie Bros. Upper Marlboro, Md. DATE JAN 13 1967 June	La June

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07184 FOR STATE 01182 HEALTH DEPT. 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where dereased lived if institution: Residence before admission) o. COUNTY b. COUNTY 2, onu PM3. Page 5 Prince George's Prince George's Maryland MARYLAND deloy the State Deportment b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) Bladensburg Cheverly DOA e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS the certificote, writing the word "pending" in pencil in Item 18. Give Poges 1, "A should be forwarded to the Chief Medicol Examiner's Office olong with form 4110 46th Place Prince George's General Hospital YES 🗍 NO X Middle 4. DATE NAME OF Manth Year Day DECEASED 1967 (Type or print) William Duncan Harris DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 8 DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthday) Months Hours Min DIVORCED 8-16-20 WIDOWED Negro 12. CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF 11. BIRTHPLACE (Stote or foreign country) COUNTRY? during most of working life, even if retired) hours ofter Cook permit. File pages 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME This certificate should be executed within 16. SOCIAL SECURITY NO 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates of service) event within one INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Myocardial Insufficiency DUE TO ony Conditions, if any, which gave (b) Stenosis of orifice of right and left coronary rise to immediate cause (a). = arteries DUE TO stating the underlying couse 0 (c) Chronic Aortitis 05 19. WAS AUTOPSY be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) removol, PERFORMED? NO 20g EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 3 should 0 PRIMARY Or CONTRIBUTING EXAMINER: CAUSE OF DEATH cremation, MEDICAL 20d INTERY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Haur a.m. factory, street, affice bldg., etc.) While Nat While moy be retoined for your FUNERAL DIRECTOR: Page at wark at wark 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X Inquiry X ond in my opinion deoth resulted from: A Notura Louses X funeral director. Suicide [ Homicide Undetermined monner Accident CHIEF MEDICAL EXAMINER ACTUAL 1-13-67 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE XXXXXXX O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) John Heolth choe M.D., Riverdale, Address (Street, city, town, or county) 23g. BURIAD CREMATIO 23d. LOCATION (City or Town) (County) (Stote) 0 REMOVAL (Specify) 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) Mclianley &

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01185 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 01183 HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) b. COUNTY Prince George a. COUNTY a STATE ny deloy is 2, ond 3 ta PM3. Poge with the Stote Department of Prince George's MARYLAND Maryland b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) Cheverly Cheltenham d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d STREET ADDRESS Item 18. Give Poges 1, Office olong with form YES NO TO Prince George General Hospital Boys\_Village This certificate should be executed within 24 haurs after deoth. NAME OF First Middle Lost 4. DATE Manth Day Year DECEASED (Type or print) William DEATH IF UNDER I YEAR Joseph Harris NEVER MARRIED 9. AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED last birthday) Months Hours after death DIVORCED XX WIDOWED Male White May 1919 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during, most of working life, even if retired) INDUSTRY COUNTRY? Maryland (hautteur .= File poges 4 should be forwarded to the Chief Medical Examiner's 14 MOTHER'S MAIDEN NAME within 72 hours trank 15 WAS DECEASED EVER IN ILS ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, ar unknown) (Iff yes give war ar dates of service) 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN burial-tronsit PART I. DEATH, WAS CAUSED BY ONSET AND DEATH event IMMEDIATE CAUSE (a) Hemorrhage and shock writing the word DUE TO Laceration of right neck in ony Conditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying cause and 00 PERFORMED?
YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) removal, please execute the certificate, 200. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 3 should MEDICAL EXAMINER: cremotion, or CAUSE OF DEATH Driver of car which struck tree. MEDICAL 20d. INJURY OCCURRED 2 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) 20c. TIME OF INJURY Manth, Day, Year foctory, street, affice bldg., etc.) While Not While may be retoined for your FUNERAL DIRECTOR: Page at wark at wark Entrance road to Boy's Village, Cheltenham. Poge 7-23- 19 67 2:30amp.m. 21. I certify that I taok charge of the remains described above, held an Autopsy [x], Inspection [x], Inquiry [x], ond in my opinion death resulted fram: A Natural couses 1 Actident x Suicide Hamicide Undetermined manner the funeral director. 5 may TO FUNERAL ... Health prior to b CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 1-23-67 Riverdale, Md. Kehoe, M.D. Address (Street, city, town, or county) NAME (Type) John 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23d. LQCATION (City or Town) REMOVAL (Specify) 1/26/67. New Cathedral Cemetery Baltimore Mid. burio. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) Ruck Inc Baltimore, Md. 6M 1/67 Mharley Juda

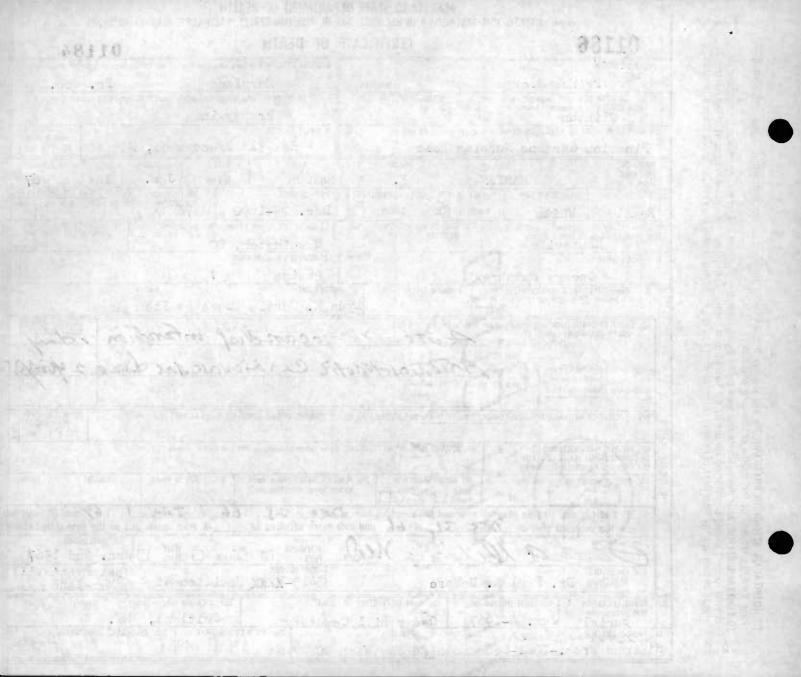
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01186 CERTIFICATE OF DEATH partificate be executed within 24 hours after death può signed by the attending physicion ond completely filled in by the funerol burial-tronsit permit. Then please remove carbon popers. Pages 1 grid PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Prince George Pr. Geo. Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) ve carbon popers. Pag event, within 72 hours Brandywine Clinton e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Box 71 Brandywine, Md Pineview Gardens Nursing Home NO YES NAME OF Middle 4. DATE First Last Manth Day Year DECEASED MARIAN F. HATTON 1967 Jan. lst (Type or print) DEATH S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Doys Hours Dec. 29-1890 WIDOWED KX DIVORCED Female White 11. BIRTHPLACE (Caunty & State, or fareign country) 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during mast af warking life, even if retired)
Housewife **INDUSTRY** COUNTRY? Washington, DC 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removol, Louise George Pumphrey 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT requires that the death (Yes, no, or unknown) (If yes give wor ar dates af service) 0 Lvda E. Curtis Same as Item #2 cremotion, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY de IMMEDIATE CAUSE (a) DUE TO Terial depotiz Candid vascular disea Canditians, if any, which gove rise ta immediate cause (a). DUE TO stating the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 moy be retained by the hospital or ottending prior to TO FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) X NO X For 20a. ACCIDENT WAS UNDERLYING [ 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH should be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. factory, street, office blda., etc.) Not While at wark at wark 21. I certify that (1) (this haspital) attended the deceased fram DEC 28 1, 1967, that (I) (we) last , 1966, to JAN DEC 3/ 1966, and that death accurred at M, fram causes and an the date stated above. saw the deceased alive an\_ 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR STAFF PHYS. **ATTENDING** Jan. 2nd 1967 22d. ADDRESS West Hyattsville 22c. PHYSICIAN'S Dr. Paul A. DeVore 3415-XXXX Hamilton St NAME (Type) Maryland director, 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) BURIAL, CREMATION, (State) REMOYAL (Specify) Suitland, Md. Jan. 4-1967 Cedar Hill Cemeterv 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR NO BUEN. 2So. REC'D BY REGISTRAR ADDRESS VR A15 (4) DATE JAN Simmons Bros. -1661-Good Hope Rd SE Wash DC 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01187 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 01185 HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) g. COUNTY o. STATE 2, and 3 to PM3. Poge b. COUNTY any deloy is 2, and 3 to ond 2 with the Stote Department of Prince George's MARYLAND Maryland b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Cheverly 10 min. Laurel d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Office olong with form Item 18. Give Poges Prince George General Hospital 12 Morris Drive NO IX YES This certificate should be executed within 24 hours after deoth. Middle 4. DATE Last Manth Day Year DECEASED (Type or print) DEATH Alhert. Havres IF LINDER 1 YEAR IE LINDER 24 HRS S. SEX 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH AGE (In years 7. MARRIED lost birthday) Months Days Hours deoth. WIDOWED DIVORCED White Marr 1888 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Self Emp. COUNTRY? U. S. A. offer West Virginia Grocer 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME pencil 72 hours 4 should be farworded to the Chief Medical Exon = 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Abingdon, Md. Address Harford Co. 16. SOCIAL SECURITY NO. permit. (Yes, na, or unknown) (If yes give wor or dotes of service) event within 1918-1918 214-01-9874 Mrs Dolly Staniec 611 Longbar Harbor Rd. Yes INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),)
PART I. DEATH WAS CAUSED BY: burial-tronsit ONSET AND DEATH IMMEDIATE (AUSE (0) Heart failure writing the word DUE TO Coronary artery occlusion ony Conditions, if ony, which gove (b) Arteriosclerotic heart disease rise to immediate cause (a), = DUF TO stating the underlying cause 0 pup 00 be used 19. WAS AUTOPSY PERFORMED? removol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) pleose execute the certificote, NO K 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should 10 PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH. MEDICAL 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (County) (State) 5 may be retained for your in TO FUNERAL DIRECTOR: Page 3 Health prior to burial, cremotif Hour a.m. factory, street, affice bldg., etc.) Nat While While at work ot wark Inspection [2] Inquiry X 21. I certify that I taak charge of the remains described above, held an Autapsy , and in my opinion Natural causes X . Accident deoth resulted fram: Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE M.D. DEPUTY MEDICAL EXAMINER Riverdale, Md. 1-11-67 John Kehoe. M.D. Address (Street, city, tawn, ar county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 23a. BURIAL, CREMATION, Burrial (Specify) Jan. 14, 1967 Mt. View Cem. Howard Co. Md. ADDRESS 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5) ochanles Judge Balto. Md. N Ala 1967 G. Truman Schwab 3512 Frederick Ave

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Prince George 1s
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND Maryland Prince George's Department after death. funeral may be c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b DOA Landover Hills Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State hours 4100 Fairfax Street Prince George General Hospital NO X 3. NAME OF EXAMINER: This certificate should be executed within 24 hours after death. If any delence certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and should be forwarded to the Chief Medical Examiner's Office along with form PM3. First Middle Lest DATE 4. Month Year within 72 h DECEASED (Type or print) Hicks DEATH James Edward 19 6. COLOR OR RACE | 7. MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) | Months | Days Hours Male White WIDOWED DIVORCED

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

INDUSTRY WIDOWED DIVORCED [ June 1952 event 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Student Wash. D.C. pages 1 in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Vernon E. Hicks Cora L. Walden 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, po, or unkown) (If yes give war or dates of service) permit. F Mr. Vernon E. Hicks (above address) (Father) 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH a burial-transit p Laceration of brain IMMEDIATE CAUSE (a) Skull fracture DUE TO Conditions, If eny, which (b) gave rise to immediate DUE TO cause (a), stating the used as a to burial, underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES T NO X 3 should be agent, prior 20a. EXTERNAL CAUSE WAS PRIMARY PS or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of Item 18.) Pedestrian struck by car 20d. INJURY OCCURRED 200. PLACE OF INJURY (Home, farm, MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While at work of Woodlawn Dr 1-24- 19 67 feet | west Page Inquiry , 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Inspection , O FUNERAL DIRECTOR: of Health or its design Undetermined manner death resulted from: Natural causes Accident A Suicide Homicide CHIEF MEDICAL EXAMINER for your 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER director. retained John Kehoe, M.D. Address (Street, city, town, or county) NAME (Type) DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION. 1/23b. REMOYAL (Specify) Fort Lincoln Cem. Colmar Manor, Md. Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Rainier 196 VR ALSME (5) Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01189 requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY or George's o. STATE b. COUNTY Prince George's MARYLAND se remove carban papers. Pages 1 d in any event, within 72 haurs efter CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b 10 hrs. 44mins Suitland Cheverly d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) campletely filled in Prince George's General Hospital YES NO 4818 Eastern Lane 3. NAME OF Middle Lost 4. DATE Manth Day Year DECEASED Hite Baby Boy Jan. 12 1967 DEATH (Type ar print) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED last birthdoy) Months Doys Hours Male White Jan. 12, 1967 WIDOWED DIVORCED 10 44 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done COUNTRY? INDUSTRY during most of working life, even if retired) physician Prince George's County 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Barbara Jean Shipp Guy Russell Hite 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Same as above INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Neonatal Atelecasis IMMEDIATE CAUSE (o) be retained by the haspital or attending physician. DUF TO Premature birth Canditions, if any, which gove rise ta immediate cause (a), DUE TO stoting the underlying couse as the O FUNERAL DIRECTOR: After this certificate has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) be detached far use State Dept. of Health YES & NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or tawn) (Caunty) 20c. TIME OF INJURY Month, Doy, Year factory, street, affice bldg., etc.) Haur a.m. Nat While While of work ot work , 1967 , to Jan. 12 , 1967 , that (I) (we) last shauld saw the deceased alive an Jan. 12, 19 67, and that death accurred at 1:45PM, fram causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** PHYS. M.D. DIRECTOR directar, page 22d. ADDRESS 22c. PHYSICIAN'S Leroy E. Hoeck, M.D. 3611 Branch Ave.S.E. Wash.D.C. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF rince Georges Gen. Hosp. Cheverly Maryland remation 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Cheverly, Maryland DATE JAN Penn.

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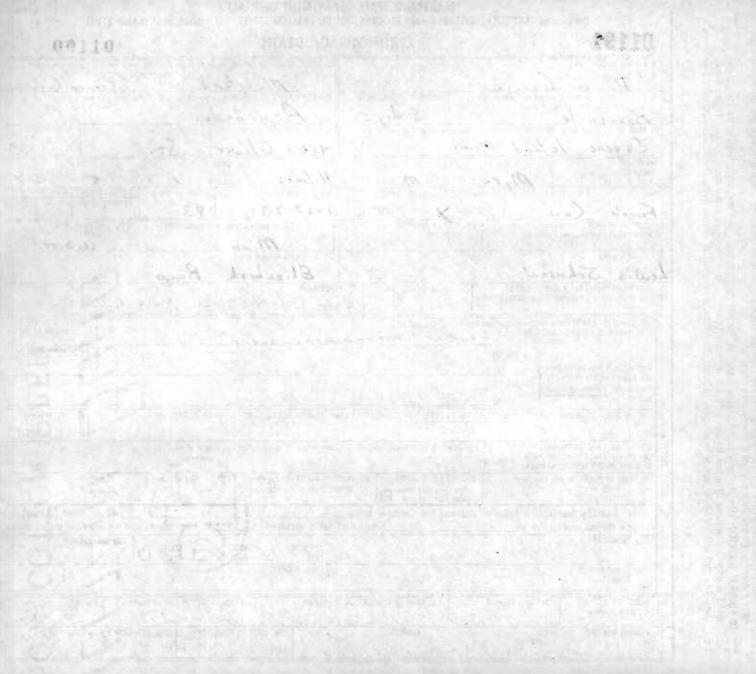
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01190 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) physician and campletely filled in by the funeral ien please emove carban papers. Pages 1 and o. COUNTY o. STATE b. COUNTY MARYLAND c. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate liphits papers. rus 72 hours o write RURAL and give, nearest town) verdale verdale e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS YES NO Memo × NAME OF Middle DATE Month Doy Year First DECEASED 1967 5 DEATH (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH 5. SEX NEVER MARRIED 6. COLOR OR RACE 7. MARRIED Jost birthdoy) Doys Hours 1-27-73 WIDOWED DIVORCED 12. CITIZEN OF WHAT 1Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? INDUSTRY during most of working life, even if retired) U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remava Koup 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no. or unknown) (If yes give wor or dotes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH burial-transit ARTERIOSCUEROSC GEN. IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use CERTIFICATION NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While ot work 21. I certify that (I) (this haspital) attended the deceased fram. 19 64 ta 1.5 . 1967, that (1) (we) last 12 . be retained 7, and that death accurred at 2.35 AM, from causes and an the date stated above. saw the deceased alive an. 196 22b. DATE SIGNED 22o. SIGNATURE M.D. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, 23c. NAME OF CEMETERY OR EREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL CREMATION. 23b. DATE THEREOF REMOVAL (Specify)

2So. - REC'D BY REGISTRAR

DATE

REGISTRAR'S SIGNATURE

VR A15 (4) 20 M 1/66 24. FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL ASSEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01192 CERTIFICATE OF DEATH deoth, The low requires that the deoth certificate be executed within 24 hours after death filled in by the funeral popers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY X**RIVERNALE**X P.G. o. STATE b. COUNTY Md. MARYLAND ve corbón popers. Pages 1 event, within 72 hours ofter b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) 12 Days College Park. Md. Riverdale. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 9098 Balt-Blvd. Eugene Leland Hospital NO [ NAME OF 4 DATE Lost Month remove corbon Year 19 67 DECEASED OF DEATH Jack S (Type or print) EVA JF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED XXX NEVER MARRIED lost birthdoy) Months Dovs Hours Female White WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during mast of warking life, even if retired) COUNTRY? INDUSTRY Pa. Amer. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or rembile Thomas Henry Hodgkiss Jane Wilson Pettigrew. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, na, or unknown) (If yes give war ar dotes of service) Eugene Leland Hospital, 4408 Queensbury Dr. no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) signed by the buriol-transit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH RESPIRATURY IMMEDIATE CAUSE (o) DUE TO PICKWICKIAN SYNDRUME UNKNUZUN Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse Page 4 moy be retained by the hospital or ottending FUNERAL DIRECTOR: After this certificate has been os the last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use MELLITUS YES 🗔 NO 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH 3 should be detached with the State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) 20e, PLACE OF INJURY (Home, form, (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Manth, Doy, Year foctory, street, office bldg., etc.) Not While 21. I certify that (I) (this haspital) attended the deceased fram JULY . 1965 to 1 - 20 . 1967, that (1) (we) last 1967, and that death occurred at 630 PM, fram causes and an the date stated above. director, page 3 should should be filed with the 1 . 20 saw the deceased alive an\_ 22b. DATE SIGNED 22a. SIGNATURE ATTENDING Museum M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S M.D ERDALE NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) 0 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Ochanles JAN

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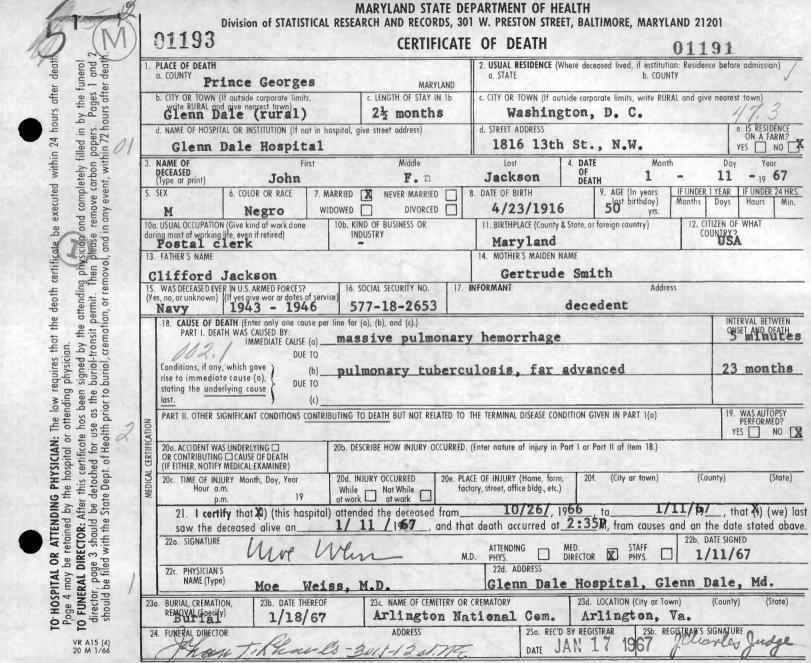
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01194 CERTIFICATE OF DEATH 01102 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death death the attending physician and completely filled in by the funeral sit permit. Then please remove carban papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY a. STATE b. COUNTY Brince Georges MARYLAND Prince Georges c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Bowie hours Riverdale d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? within 72 2711 Felter Lane (20715) Eugene Leland Memorial YES NO 3 4. DATE 3. NAME OF First Middle Last Manth Doy Year DECEASED 19 67 19 Jackson Pear] Elizabeth (Type or print) DEATH and in any event, IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** 8. DATE OF BIRTH 9. AGE (In years birthdoy) Manths Doys Hours White Female 6/5/08 WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind af wark done 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY U.S.A. Foods Inc Implants Penn. Cashier 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Laura Krause James Jackson WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor ar dotes af service Hospital Records. crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise to immediate couse (a). DUF TO has been see as the the priar tab stoting the underlying couse last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO O FUNERAL DIRECTOR: After this certificate for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Doy, Year Haur o.m. factory, street, affice bldg., etc.) ot work ot work 1967, ta 21. I certify that (1) (this haspital) attended the deceased fram. shauld 1967, and that death accurred at 20 M fram causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** STAFF PHYS. DIRECTOR M.D. PHYS. directar, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S

23c. NAME OF CEMETERY OR CREMATORY

ADDRESS

RIVERDALE

ARLINGTON NATIONAL

RIVERDALE, MARYLAND

2Sa. REC'D BY REGISTRAR

23d. LOCATION (City or Town)

ARLING TON

(State)

(County)

2Sb. REGISTRAR'S SIGNATURE

Charle

VR A15 (4) 20 M 1/66 NAME (Type)

CHAMBERS

23b. DATE THEREOF

23o. BURIAL, CREMATION,

BURIAL

24. FUNERAL DIRECTOR

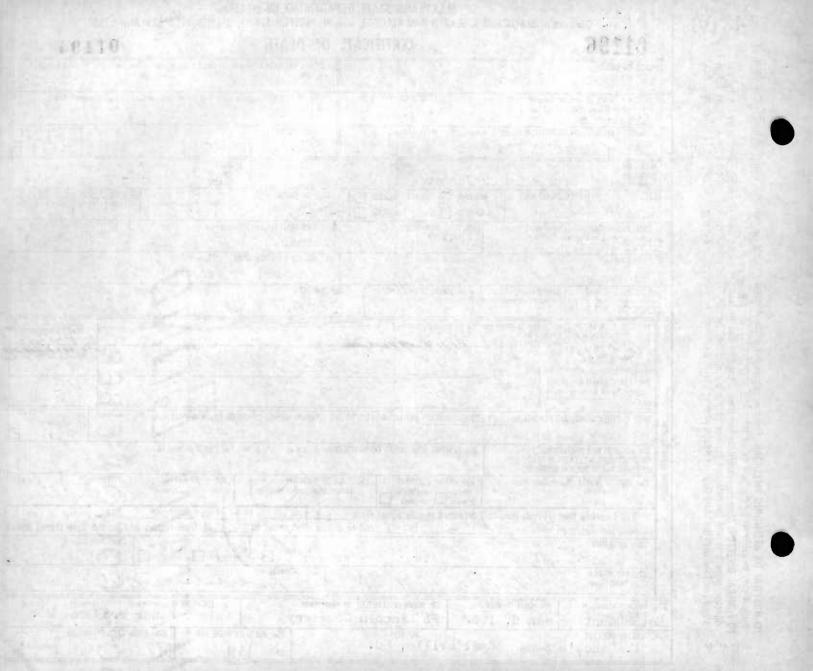
REMOVAL (Specify)

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01193

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1. PLACE OF D a. COUNTY	EATH				stitution: Residence before admission)
	PrinceGeorges	MARYLAND	a. STATE	b. COUN	vinceGeorges
b. CITY OR	TOWN (if outside corporate limit	s,   c. LENGTH OF STAY IN 1b			rite RURAL and give nearest town)
	RAL and give nearest town)		11		11 1
d. NAME OF	Cheverly HOSPITAL OR INSTITUTION (if no	t in hospital, give street address)	d. STREET ADDRESS	tsville	1 e. IS RESIDENCE
		in nospital, give street address,	d. OTREET ADDRESS		ON A FARM?
	eGeorges General		6509	Landover Road	d YES NO
3. NAME OF DECEASED	George First Ri	chard Middle Jame:	S Last	4. DATE Monti	h Day Year
(Type or pri	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	H XXXX	XXXXXXX	DEATH Jan.	15 1967
5. SEX	6. COLOR OR RACE 7. MAR	RRIED NEVER MARRIED	8. DATE OF BIRTH	. Back Edukis tand	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male	White WID	OWED DIVORCED	Mar. 15,190	4 last birthday) 62 yrs.	Months Days Hours Min.
IOa. USUAL OCCU	PATION (Give kind of work done   :	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Co	ounty & State, or foreign country	
luring most of w Ret.	orking life, even if retired) Simons Co.	INDUSTRY	Easton, M	อพบไ อทส์	COUNTRY?
3. FATHER'S I			14. MOTHER'S MAID		USA
Her				R. Stimmel	
15. WAS DECEAS (Yes, no, or unkow	ED EVER IN U.S. ARMED FORCES?  n) (If yes give war or dates of service)	16. SOCIAL SECURITY NO.   17.	INFORMANT	Addres	ss
No		162-03-9199 Mrs	.Marty Jame	s, same as #2	
18. CAUSE	OF DEATH [Enter only one cause	per line for (a), (b), and (c).1	. 0		INTERVAL BETWEEN
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underlying	/ (0)				
PART II. OTH  20a. ACCIDE OR CONTRIE (IF EITHER,	ER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?
					YES NO X
20a. ACCIDI	NT WAS UNDERLYING 2	Ob. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of	Injury In Part I or Part II o	if Item 18.)
(IF EITHER,	UTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)				
20c. TIME		20d. INJURY OCCURRED 120e. PLA	CE OF INJURY (Home, fa	rm,   20f. (City or town)	(County) (State)
20c. TIME Hour		While Not While facto	ry, street, office bldg., e	ic.)	
		t work   at work		10 1 15	
	rtify that (I) (this hospital) a			966, to / - / S	, 19_6_/, that (I) (we) last
	deceased alive on / - /	19.6.2., and that	death occurred at?	AM, from the causes	and on the date stated above.
22a. SIGNA	TURE	1 DALYNNE >	ATTENDANC /	MED STAFF	22b. DATE SIGNED
	( Halis	S'AHAKYAK.	ATTENDING PHYS.	MED. STAFF PHYS.	Jan 15, 1967
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IVAIIIE	(lype) 58/3 Killin	actual see	58/3	LANDOVER	Rolling
3a. BURIAL, CI	REMATION, 23b. DATE THEREO	F   23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	own or county) (State)
BURTA	(Specify) Jan. 18, 196	7 Abington Hill	s Cemeterv.	Clark Summit	Rennsylvania
24. FUNERAL D		ADDRESS		O'D BY REGISTRAR   25b. RI	
		Blvd., Laurel, Mary	rland LAM		lianter Indae
	, ) ) !!-!!!		DATE	20 1001	1 1

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01196 CERTIFICATE OF DEATH 01194 deoth. **OR ATTENDING PHYSICIAN:** The law requires that the death-certificate be executed within 24 hours after death physician and completely filled in by the funeral en please remove corban papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) b. COUNTY Prince Georges a. COUNTY Prince Georges o. STATE Marvland MARYLAND ond in any event, within 72 hours after c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tanham 11 days Riverdale popers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 6915 Sunset Lane Leland Memorial Hospital YES NO 3. NAME OF First Middle Lost 4. DATE Month Year Then pleose remove corbon DECEASED (Type or print) Joseph Lodovick Jensen 19 DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In yeors 7. MARRIED NEVER MARRIED lost birthday) Dovs Haurs Months 11-76-04 Male White WIDOWED DIVORCED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign cauntry) 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) foundry? States INDUSTRY Denmark 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removol, Anna Marie Anderson Wels Jensen the ottending 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, ar unknawn) (If yes give wor ar dotes af service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address burial-transit permit. Admission sheet. cremotion, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if any, which gove rise ta immediate couse (a), DUE TO stoting the underlying couse **GENNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19. WAS AUTOPSY PERFORMED? PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO P 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) (Caunty) (State) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour o.m. Not While ot work 19 ot work L , 1950, to Jun , 19 (that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased from\_ 196/, and that death accurred at. M from causes and on the date stated above saw the deceased alive an 22b:/DATE SIGNED 22a, SIGNATURE **ATTENDING** M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Tawn) (Stote) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) Entombment Ft Lincoln Cemetery Colmar Manor Pro Geo Jan 9, 1967 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 20 M 1/66 F. Gasch's Sons Hyattsville, Md.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH be executed within 24 hours after death. funeral 1 ond 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) ond I. PLACE OF DEATH a. COUNT MARYLAND papers. Pages 1 hin 72 hours after by Thy Pages c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside carparate limits, write URAL and give nearest tawn) ARROLLTO e. IS RESIDENCE d. STREET ADDRESS .⊑ OR INSTITUTION (If not in haspital, give street address) 6213 WESTBROOK DRIVE ON A FARM? filled YES NO X event, within 4. DATE Manth Year NAME O Last Day and completely f remove carban DECEASE OF 0 e)AH 19 6 (Type ar print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Manths Days Haurs 28aug DIVORCED ond in ony WIDOWED puo 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work dane COUNTRY? during mast of working life, even if refired) INDUSTRY GEORGIA requires that the death certificate Housewi 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME buriol, cremation, ar removal, DOE WHEAT MRS DUDLEY SMITH. Address SAME AS TO WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. (Yes, na, ar unknown) (If yes give war ar dates af service UNKNOWN 0 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the buriol-transit the ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Poge 4 may be retained by the hospitol or attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause been prior to os the last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? this certificate has USe for use Health NO 20a. ACCIDENT WAS UNDERLYING □ 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH af detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) (Caunty) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Haur a.m. Nat While While at wark at wark DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased from 3 should 1964 and that death occurred at 6 % M, from causes and an the date stated above. WO saw the deceased dive an 22b. DATE SIGNED 22a. SIGNATURE -10-1967 ATTENDING STAFF DIRECTOR director, poge 3 should be filed v M.D. PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S TO FUNERAL MIRALA NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) BURIAL CREMATION GEORGIA. CEM. VERSIDE CON 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1967

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01196 CERTIFICATE OF DEATH death. 24 haurs after death funeral and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY g. COUNTY papers. Pages 1 With 72 havrs after c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town autside carparate limits IS RESIDENCE ON A FARM? d. STREET ADDRES campletely-filled in d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street NO Z requires that the death certificate be executed within 3. NAME OF DATE Month Day Year last please remave carban OF DECEASED 196 event. DEATH (Type or print) IF UNDER 1 YEAR IF LINDER 24 HRS AGE DATE OF BIRTH (In years S. SEX 6. COLOR OR RACE NEVER MARRIED lost birthday) Months Hours and in any WIDOWED DIVORCED and 12. CITIZEN OF WHAT 1Da. USUAL OCCUPATION (Give kind af wark dane during most of warking life, even if retired) 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) COUNTRY? INDUSTRY attending physician permit. Then please MARYLAND USA GOV. RETTRED 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remaval, BARBARA MOORE RICHARD T. MULLIKIN 16 SOCIAL SECURITY NO. 17. INFORMANT Address 20027 WAS DECEASED EVER IN U.S. ARMED FORCES? permit. (Yes, na, ar unknawn) (If yes give war ar dates af service DOROTHY G. PEEPLES 4912 T ST. SE. WASH. D.C. crematian. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c). ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) py attending physician. DUE TO signed b burial, Conditions, if any, which gave rise to immediate couse (o) DUE TO priar ta b stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been as the last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO use NO be retained by the hospital ar far 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTION OF CAUSE OF DEATH, (IF EITHER, NOTHER MEDICAL EXAMINER) 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) d. detached Dept. (State) 2De. PLACE QE INJURY (Home, form, 20f. (City optown) (County) 2Dd. JNHWRY OCCURRED 20c. TIME OF HOURY Month Day, Year 21. I certify that (1) (this hospital) attended the deceased from 19/060 to shauld 25 19 6 7 and that death occurred at \$45M, from causes and an the date stated abave. sow the deceased olive on 22b. DATE SIGNED 22a. STGNATU ATTENDING M.D. PHYS directar, page 3 shauld be filed v 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Tawn) 23c. NAME OF CEMETERY OR CREMATORY (County) 23b. DATE THEREOF 23a. BURIAL, CREMATION, BURYAL (Specify) FORESTVILLE, PG, MARYLAND 1/28/67 FORESTVILLE METH. CHURCH 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 24. FUNERAL DIRECTOR 4308 SUITLAND RD. Charle VR A15 (4) 20 M 1/66 ROBERT E. WILHELM FUNERAL HOME SUITLAND Md

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01199 01197 be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COPYTince Georges o. STATE b. COUNTY D.C. ampletely filled in by the fur ve carban papers. Pages 1 event, within 72 haurs after MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (tf outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits. write RURAL and give nearest town? Glenn Dale (rural) 81 days Washington d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENC ON A FARM? filled i 417½ 11th St., N.W. Glenn Dale Hospital YES NO X Middle DATE Month First Doy Year DECEASED 10, 19 67 Clarence W. Kearns January (Type or print) DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED last birthday) Months Dovs Hours male white 6/18/1898 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? **INDUSTRY** and West Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, requires that the death certified attending phy: Caroline Price John Kearns 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service 578-14-8129 decedent crematian, CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p burial, cremati PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Bronchopneumonia IMMEDIATE CAUSE (o) be retained by the haspital ar attending physician. Status post left femoral-popliteal artery Conditions, if ony, which gove (b) by=pass graft 10 days rise to immediate couse (a). DUE TO stoting the underlying couse has been the (c) Generalized arteriosclerosis unknown PHYSICIAN: The law WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? detached far use te Dept. af Health YES X NO certificate 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) **DIRECTOR:** After this Hour o.m. factory, street, office bldg., etc.) Not While ATTENDING of work ot work 1/10/19 67 that (4) (we) last 21. I certify that \*() (this haspital) attended the deceased fram. 10/21/ 1966 to 1/10/ 19 67, and that death accurred at5:30AM, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE 1/10/67 M.D. DIRECTOR director, page shauld be filed TO HOSPITAL O Page 4 may b TO FUNERAL D 22d ADDRESSGlenn Dale Hospital 22c. PHYSICIAN'S NAME (Type) Moe Weiss, M.D. Glenn Dale, Maryland 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) RUPLAL CREMATION. (County) (Stote) HARMONY LANDOVER, MI 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 1967 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and	or to build, demand		18. CAUSE OF DI PART I. DEAT Conditions, if ony, rise to immediat stating the under last.	e couse (a),	)	r (o), (b), and (c), Atelietas	13	Necena To	Kuim				RVAL BETWEEN ET AND DEATH	
e has b		ATION	PART II. OTHER SI	GNIFICANT CONDITIONS COM	ITRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERM	MINAL DISEASE CO	INDITION G	IVEN IN PART 1(a)			WAS AUTOPSY PERFORMED? S X NO	
ertificatied for		CERTIFICATION	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. D	ESCRIBE HOW INJURY OCCURRED.	(Enter no	oture of injury in	Port I or F	Port II of item 18.)				
detack	de ne	MEDICAL	20c. TIME OF INJU Hour o.r p.r	10	20d. I While of wor	Not While foo		JURY (Home, for et, office bldg., etc.		. (City ar tawn)	(Cou	ınty)	(Stote)	
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e 3 she	uliw pa		22o. SIGNATURE	Hon H	·	Holdy M		ENDING P	MED. DIRECTOR	STAFF PHYS.	22b. D/	ATE SIGNI	-67	
ERAL D	De III		22c. PHYSICIAN'S NAME (Type		Moling	,III, M.D.	1		inde	u Lane	, Bo	cere	e, Md	
FUN	ngni		BURIAL, CREMATIC			23c. NAME OF CEMETERY OR				LOCATION (City or	A - 244	(County)	`	
	4 1 1	Cr 24	emation FUNERAL DIRECTO	1 1/21/6	87	Prince George	s Ge	2So. REC	D BY REGI	strar 25b.	PG REGISTRAR'S SI	Ma IGNATUR	ryland E	-
VR A15 (	10	HO		1011	myh	Chevery, Mar			IAN 2		Icha	relan	Judge	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01201 CERTIFICATE OF DEATH death. within 24 haurs after death by the funeral Pages 1 and 2 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. STATE Maryland b. COUNTY Prince Goor 1. PLACE OF DEATH
Q. COUNTY Prince Georges Prince Georges MARYLAND hin 72 haurs after b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Cheverly 38 days Cheverly d. STREET ADDRESS e. IS RESIDENCE ON A FARM? papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) campletely filled in 3311 Belleview Ave. YES NO Prince Georges General Hospital 4. DATE ar remayal, and in any event, with 3 NAME OF First Middle Last Manth Day Year please remave carban DECEASED Curt R. Keusch 14 19 67 January DEATH (Type or print) certificate be executed IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 24 HRS. 7. MARRIED DI NEVER MARRIED birthdoy) Manths Dovs Haurs Male White WIDOWED DIVORCED 11. BIRTHPLACE (County & State, ar foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired)
Retired machinist INDUSTRY Government Germany 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Anna M Woite Hen Herman Leusch 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? The law requires that the death (Yes, no, or unknown) (If yes give wor or dates of service) 579 40 3536 Anne E Keusch signed by the attend Cheverly. Md. no burial, crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUF TO Canditians, if ony, which gove rise to immediate couse (a). DUE TO ed far use as the L . af Health priar ta b stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been 2 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES NO 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 3 shauld be detached with the State Dept. MEDICAL ( 20e. PLACE OF INJURY (Home, form, (City or town) (Caunty) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year Hour a.m. factory, street, affice bldg., etc.) Nat While 19 at wark at work 21. I certify that (1) (this haspital) attended the deceased fram and 196 , 1967, that (1) (we) last saw the deceased alive an 1- 13 1967, and that death accurred at 6 3 M, frat causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE DIRECTOR PHYS director, page 3 shauld be filed v M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 7315 Landover Utd. Thomas M. Hutchins 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify)
Burial Jan Prospect Hill Cemetery Washington D. C. 17. 1967 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 20 M 1/66 Charles vi

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01202

CERTIFICATE OF DEATH

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	e George	MARYLAND	o. STATE Md.		Pr. Geo.			
Brentwe		LENGTH OF STAY IN 16 40 Yrs.	c. CITY OR TOWN (If out	side corporote limits, write RURAL d	ond give neorest town)			
	PITAL OR INSTITUTION (If not in hos 8th. Street	pital, give street address)	d. street address	h. Street	e IS RESIDENCE ON A FARM? YES NO <b>X</b>			
3. NAME OF DECEASED (Type or print)	GEORGE First	HARDY KI	DWELL Det	4. DATE Month OF DEATH  Jan.	22 Doy Year 7			
s. sex Male	6. COLOR OR RACE 7. MAN	RRIED NEVER MARRIED DOWED IN DIVORCED	B. DATE OF BIRTH	9. AGE (In yeors 78 birthdoy) 78 yrs.	Wonths Doys Hours Min.			
		Paindurry R. Co.	11. BIRTHPLACE (County & Va.	State, or foreign country)	12. CITIZEN OF WHAT U.S.P. A.			
John F.	Kidwell		14. MOTHER'S MAIDEN N Susan B.	Campbell				
Yes To or unknow	EVER IN U.S. ARMED FORCES? (If ye Nighter or dotes of service	) 16. SOCIAL SECURITY NO. $R_{ullet}$	Ashby Kidwe	ll. Brother. F	Brentwood, Md.			
Canditions, if a rise to immed stating the unlost.	DEATH (Enter only one couse per lies on the couse (o).    DUE TO   Course	Coronary Interiors cler	Edem: sufficient		INTERVAL BETWEEN ONSET AND DEATH  2 4 hours			
CATION		ITING TO DEATH BUT NOT RELATED TO			19. WAS AUTOPSY PERFORMED? YES NO			
	VAS UNDERLYING □ NG □ CAUSE OF DEATH FY MEDICAL EXAMINER)  2	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in P	Port I or Port II of item 1B.)				
Hour.	o.m. p.m. 19	While Not While of work of work	CE OF INJURY (Home, form, ory, street, office bldg., etc.)		(County) (Stote)			
saw the	deceased alive an Jan.	attended the deceased fram 12 21 19 67, and tha	death accurred at	1: P.M. fram causes an	d an the date stated abay			
Thes	Theres on the law, M.D. PHYS. MED. STAFF 22b, DATE SIGNED 1/22/67							
22c. PHYSICIA NAME (Ty		tchins, M. D.	7315 Land	lover Rd., Kent	Vil, Md.			
230. BURIAL, (REMA REMOVAL (Spe Burial		23c. NAME OF CEMETERY OR Ft Lincoln Co		23d. LOCATION (City or Town)				
24. FUNERAL DIRE		ADDRESS tsville, Md.	250. REC'D		STRAR'S SIGNATURE			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 haurs after death.

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01203 be executed within 24 hours ofter death signed by the ottending physician and completely filled in by the funeral burial-transit permit. Then please remove carbon papers. Pages 1 on 6-2 burial, cremotion, or removal, ond in any event, within 72 hours ofter defath. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) I. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Prince Georges MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) 16 days Cheverly Youngstown d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO X PrinceGeorges General Hospital 2014 Logan Ave 3. NAME OF DECEASED 4. DATE Year (Type or print) Langham DEATH Mary 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. S SEX B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Manths Days WIDOWED DIVORCED Female White 23 Nov. 1897 10b. KIND OF BUSINESS OR INDUSTRY 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast af warking life, even if retired) COUNTRY? ennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Dudley Robinson Louisa 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknawn) (If yes give war ar dates af service 17. INFORMANT Address 16. SOCIAL SECURITY NO. Franklin W Langham Youngstown Ohio 292 09 0841 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Cardiac arrest IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or attending physician. DUE TO Canditians, if any, which gave Coronory altery Disease (b) rise to immediate cause (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO Cerebro Vascular accident 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item IB.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (State) factory, street, affice bldg., etc.) Haur a.m. Nat While at wark at wark 21. I certify that (t) (this haspital) attended the deceased fram Dec. 25, 1966, to Jan. 10, 1967, that (l) (we) last saw the deceased alive an Jan. 10, 1967, and that death accurred at 7,50PM, fram causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE MED.
DIRECTOR STAFF PHYS. Jan.11,1967 duin M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Prince George's Gen. Hospital Edwin J. Jensen, M.D. 23a. BURIAL, CREMATION, BREMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF

Tod Cemetery

24 FUNERAL DIRECTOR Gasch's Sons ADDRESS Hyattsville, Md.

Jan 14, 1967

2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR

Youngstown

(County)

Ohio

(State)

				MARKET IN VEHICLE
AND STATE OF THE S	10210			
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		Company of the second		
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The state of the s			WHITE CO.	
The state of the s				
And the state of t		1.00. 17		
Legisto, compared to the control of				
		. The contract of the same		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eyent, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
01204	CERTIFICATE OF DEATH	01202

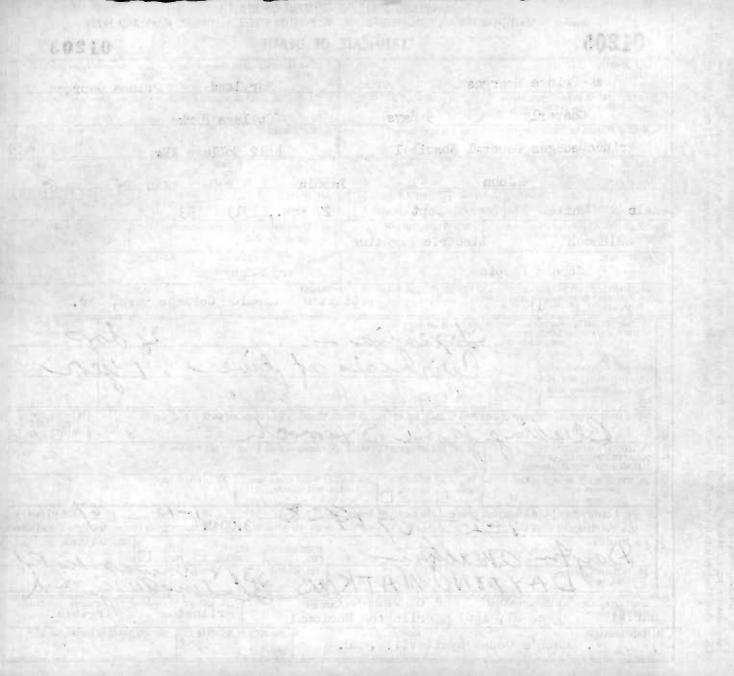
OIAUT	OLK III IOAT	L OI DEATH	The second second	ULKUL
PLACE OF DEATH     a. COUNTY			Vhere deceased lived, If Institutio	n: Residence before admission)
Prince George	MARYLAND	a. STATE	ict of Columbia	
b. CITY OR TOWN (if outside corporate limits	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outs	Ide corporate limits, write RU	IRAL and give nearest town)
write RURAL and give nearest town)  Hyattsville	7 years	Washi	ngton	47 2
d. NAME OF HOSPITAL OR INSTITUTION (if not in h		d. STREET ADDRESS	0	e. IS RESIDENCE
Sacred Heart Home		1822	Irving Street,	N.W. YES NO X
3. NAME OF FIRST DECEASED	Middle	Last 4.	DATE Month	Day Year
(Type or print) Delia	Bridgett	Lanigan	DEATH January	24 19 67
5. SEX 6. COLOR OR RACE 7. MARRIED		B. DATE OF BIRTH		DER 1 YEAR IF UNDER 24 HRS.
female white WIDOWED	DIVORCED	August 20, 187		hs Days Hours Min.
during most of working life, even if retired)	CIND OF BUSINESS OR NDUSTRY			2. CITIZEN OF WHAT
Infants' Nurse		Co. Tipperar	y. Ireland	USA.
Richard Lanigan				
	SOCIAL SECURITY NO.   17.	INFORMANT	Slattery	
(Yes, no, or unkown) (If yes give war or dates of service)	San and ews			
		acred Heart Ho	me, Hyattsvil	le, Maryland
18. CAUSE OF DEATH [Enter only one cause per i	line for (a), (b), and (c).]	11 1.11 1		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	te Conjustere 1	Heart Tactur		
4 80.0 DUE TO	L-187-1:	1+		
Cenditions, If any, which ) (b)	real Turille	allen		
gave rise to Immediate cause (a), stating the DUE TO	+ 1 +	- 1/ 1/11		
underlying cause last. (c)	Un'ascella la	Hait the	Hell	
	UTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
S				PERFORMED?
20a. ACCIDENT WAS UNDERLYING 1 20b.	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Inlu	ry in Part 1 or Part 11 of Item	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	2001132 11011 1175111 0000	MILES (LINE) MOTORO OF MIJO	iy in railer or railer or recom	20,7
20c. TIME OF INJURY Month, Day, Year   20d. I	NJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm,	20f. (City or town)	(County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. I Hour a.m., While p.m. 19 at worl	- Not while -	ry, street, office bldg., etc.)		
21. I certify that (!) (this hospital) attend		1-17 1960	2 to / - 24, 1	9 6 7 that (I) (we) last
saw the deceased alive on 1-01	A 1 M	1 /9	M. from the causes and o	
22a. SIGNATURE 2/2M		1	22b	
Mucan M. Illi Lours	M.D	ATTENDING MED.	CTOR PHYS.   A	au. 25.1967
22c. Physician's NAME (Type)	m,D	22d. ADDRESS	1011 1113.	3/10/
NAME (Type)		34K HA	milova SI.	
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 1 2	3d. LOCATION (City, town or	county) (State)
REMOVAL (Specify)	Mt Olivet Cer		Washington D.	
24. FUNERAL DIRECTOR	ADDRESS		Y REGISTRAR   25b. REGISTI	
	ttsville, Md.	DATE AN 3	0 1007 17712	elen Junge
		DATEGING	U IA	

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MARYLAND STATE DEPARTMENT OF HEALTH



l I	tems 18&Film 388 5-11-67 MARYLAND STATE	DEPARTMENT OF HEALTH	
P		RESTON STREET, BALTIMORE, MARYLAND 21201  R'S CERTIFICATE OF DEATH	0400*
FOR STATE	01206 MEDICAL EXAMINE	K 3 CERTIFICATE OF DEATH	01204
HEALTH DEPT.	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Resid	
S o S o	o. COUNTY Prince George's MARYLA	ND STATE B. COUNTY Prince	George's
Po Po ent	b. CITY OR TOWN (If outside corporate limits,   c. LENGTH OF STAY IN	1b c. CITY OR TOWN (If autside corparate limits, write RURAL and g	
deloy is and 3 to M3. Page	write RURAL ond give neorest town) Cheverly DOA	Edmonston	11.1
ony deloy is 2, and 3 to 7 PM3. Poge epartment of	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
= - una aa	Prince George's Hospital	4807 48th Avenue	YES NO 15 18
24 hours after death. I in Item 18. Give Pages 5. Selfice along with for the Stote stand 2 with the Stote offer death.	3. NAME OF First Middle	Last 4 DATE Month	Day Year
wi wi	DECEASED (Type or print) Yoneko NMT	Levan DEATH January	27 19 67
fter Giv ong th t	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	P DATE OF RIDTH 9 AGE (In years   IFLIND	ER 1 YEAR   IF UNDER 24 HRS.
s al.	female oriental WIDOWED DIVORCED	April 4, 1932   lost birthdoy)   Months	Doys Hours Min.
em 18. Effice a ffice a ffice a death.	10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Stote or foreign country) 12.	CITIZEN OF WHAT
	during most of working life, even if retired)  HCUSEWIFE ATHOME	OKINAWA. RYOKYO, ISLAHOS U	COUNTRY? DATA
thin 2 ming is ming is pogs urs of	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	13,000
/ithi	KINII KINIO	UNKNOWN.	
ed within 24 h in pencil in 14 l Examing 55 of 15 l Examing 75 h in 17 l Expose 172 hours offer	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	The formation of the second of	Ince George's  Land give nearest town)  e. IS RESIDENCE ON A FARM? YES NO  Day Year  27 19 67  IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.  12. CITIZEN OF WHAT AN U.S. OCCUPIED  INTERVAL BETWEEN ONSET AND DEATH  ONSET AND DEATH  19. WAS AUTOPSY PERFORMED? YES NO  (County) (Stote)  Y. And in my apinian Onner  22. DATE SIGNED 1—29—67
INER: This certificate should be executed within 24 hours after death. In certificate, writing the word "pending" in pencil in Item 18. Give Page should be forwarded to the Chief Medical Examing's Office along with files. 3 should be used as a burial-transit permit. File pages 1 md 2 with the Station, or removal, and in any event within 72 hours offer death.	(Yes, no, or unknown) (If yes give wor or dotes of service)	JAMES T. LEVAN SAME	E NO TO
d be executi rd "pending" Chief Medica transit permi	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)		INTERVAL BETWEEN
be 'pe ief ief nsit	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0)  Undeterm:	ined	ONSET AND DEATH
Party	795.5 DUE TO		
shoul wor the urial-	Conditions, if ony, which gove ) (b)	Wilder -	
the state of to d to d in d in	rise to immediate couse (a), Stating the underlying couse DUE TO		DIF AUE S
ficate s ring the rded to os a bu	lost. (c)		
wartii war	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATI	ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
for for	ОТЕ		YES NO
: This certi	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING COLOR CAUSE OF CONTRIBUTING COLOR CAUSE OF COLOR CAUSE COLOR CAUSE OF COLOR CAUSE CA	JRRED. (Enter noture of injury in Port I or Port II of item 18.)	
INER: This certificate errificate, writing should be forwarder files.  3 should be used os tion, or removal, ond			
MEDICAL EXAMINER: olease execute the certification. Poge 4 should director. Poge 4 should birector. Poge 3 shourt to burial, cremation, o			County) (Stote)
AM e the th our	Hour a.m. p.m.  19 While Not While of work	foctory, street, office bldg., etc.)	
E Pogging	21. I certify that I taak charge of the remains described Obar	ve, held an Autapsy 🔯 , Inspection 🖾 , Inquiry 🔀	, and in my apinian
AL exe exe Tork	death resulted fram; Natural couses Accident	Suicide , Hamicide Undetermined manner	
sse ectro		CHIEF MEDICAL EXAMINER	
MEDICAL EXAMINER: This certificate should please execute the certificate, writing the word director. Page 4 should be forwarded to the Chretoined for your files.  DIRECTOR: Page 3 should be used as a burial-trainer to burial, cremation, or removal, and in any events.	ACTUAL SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	
EPUTY MEDICAL EXA issory, please execute funeral director. Poge any be retoined for you INERAL DIRECTOR: Pog Ith prior to burial, cren	ENAMERIC /	DEPUTY MEDICAL EXAMINER Address (Sfreet, city, town, or county)	1-29-67
ro DEPUTY MEDICAL EXAM necessory, please execute the funeral director. Page 4 5 may be retoined for your of FUNERAL DIRECTOR: Page Health prior to burial, creman	NAME (Type) John Kehoe, M.D.	Address (Sfreet, city, town, or county)	
o o o o o o o o o o o o o o o o o o o	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE	RY OR CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)
F	BREMOVAL (Specify) JAN 31, 1967 ARLINGTON	7112	
VR A15ME (5)	(N. W. Chambers 60, Riverdale)	Trick of the state	SSIGNATURE
6M 1/67	W.W. Commons or Visuerale,	PATES 6 1967 / Cuaro	0

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1 00	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
FOR STATE	01207 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01205	
HEALTH DEPT.	1. PLACE OF OEATH   2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before adm	ission
	PRINCE GEORGE'S MARYLAND B. COUNTY	1
is necessary, o the funeral e 5 may be Department after death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	town
e fur ma ma partr	RURAL-UPPER MARLBORO BOWLE	n da i m a
lay is recessary, 13 to the funeral Page 5 may be state Department ours after death.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  JUNCTION OF CROOM STATION ROAD AND CROOMS  21.20 NEW DIVISION TABLE	RM?
delay is nd 3 to Page State hours	ROAD, UPPER MARLBORO   3432 MEMPHIS LANE   YES   M	VO X
_ aa aa .	DECEASED OF	67
644	5. SEX   6. COLOR OR RACE   7. MARRIFO   3. NEVER MARRIFO   8. DATE OF BIRTH   9. AGE (in years   IF UNDER 1 YEAR   IF UNDER 1	24 HRS
ith. If an form P form P within	MALE CAUCASIAN WIDOWED OIVORCED 11 JAN 35 last birthday) Months Oays Hours	Min.
er deat ive Pag with 1 and 2	10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR during most of working life, even if retired)   12b. KIND OF BUSINESS OR   11. BIRTHPLACE (State or foreign country)   12c. CITIZEN OF WHAT COUNTRY?	
Giv Giv ng ng n	LANCASTER, PA. U.S.A.	
ours afte n 18. Gi e along pages 1 in any	13. FATHER'S NAME  14. MÖTHER'S MAIOEN NAME	
ffice Ind	SAM (NMN) LEVITZ KATHYRN (NMN) MOYER  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address	
ted within 24 hours after death. If in pencil in Item 18. Give Pages 1, examiner's Office along with form sit penult. The pages 1 and 2 within or renewal, and in any event within	(Yes, no, or unknown) ((If yes give war or dates of service) YES 1956—1959 527—36—6522 OFFICIAL U.S. NAVY RECORDS	
with pencininer niner permits the permits of the pe	I INTERVAL PET	WEEN
in in Exame Exame Sit por r	PART I. OEATH WAS CAUSE OBY: INJURIES MULTIPLE EXTREME  INVESTANCE OF DEATH LETTER ONLY ONE CAUSE OBY: INJURIES MULTIPLE EXTREME  IMMEDIATE  IM	È
I'be executed ''pending'' in if Medical Example I'm	SGON OUE TO	
be end bend fedic	Conditions, if any, which gave rise to immediate (b)	
dd "lef N	cause (a), stating the DUE TO underlying cause last.	
wor wor Chi I as uriat	(V)	OPSY
icate sho the word the Chi used as to burial,	YES A	NO [
= 6 ± 60 =	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORM YES AT  YES AT  YES AT  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORM YES AT  YES AT  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORM YES AT  YES AT  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORM YES AT  YES AT  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORM YES AT  YES AT  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORM YES AT  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORM YES AT  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION	
KAMINER: This cer certificate, writin uld be forwarded is. Page 3 should b gnated agent, prio		tate)
forv forv 3 sl	Hour a m State of Hour a m State of the bldg, etc.)	
AINE rtific I be	21. I certify that I took charge of the remains described above, held an Autopsy X, inspection X, inquiry A, and in my o	pinio
the certificates the certificates.  In files. CTOR: Page designated	death resulted from: Natural cadses , Accident X, Suicide , Homicide , Undetermined manner	
REDICAL EXUCUTE the cage 4 shour riles DIRECTOR:	CHIEF MEDICAL EXAMINER	learr
MEDICA kecute t Page 4 for your L DIREC or its d	ACTUAL SIGNATURE  M.O. ASSISTANT MEDICAL EXAMINER  22. DATE S	IGNEL
TY N d fo d fo d fo	EXAMINER'S JOHN KEHOE, MD Address (Street, city, town, of county) 9 JAN 19	67
D DEPUTY MEDICAL please execute the director. Page 4 s retained for your f 0 FUNERAL DIRECT of Health or its de	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CHMETERY OR CREMATORY   23d. LOCATION (City, town or county)   (Ste	
ple dir ret	Duaint 1/12/67 Appliation NATE Palintion UA.	
	24 FUNERAL DIRECTOR ADDRESS Chaper ST25a. REGISTRAR'S SIGNATURE	
VR A15ME 3500 4-64	W. W. Shambers Co. Sr Worl. D. C. DATE JAN 13 1967 Johnson Judg	Re-

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE HEALTH DEPT.

24. FUNERAL DIRECTOR Withelm Funeral Homeaddress

4308 Suitland Road, Suitland, Md.

STATE		01208	MEDICAL EXAMINER'S	CERTIFICATE OI	DEATH	01206
DEPT.	1.	PLACE OF DEATH o. COUNTY Prince George's	MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryland	here deceosed lived, if institution: b. COUNTY Prince	
rtment		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  Cheverly	c. LENGTH OF STAY IN 16		side corporate limits, write RURAL	and give nearest town)
e Depoi		d. NAME OF HOSPITAL OR INSTITUTION (If not in h Prince George General	nospital, give street oddress)	d. STREET ADDRESS 7588 Walte:		e. IS RESIDENCE ON A FARM? YES NO
he Stot	3.	NAME OF First DECEASED (Type or print) Violet	Middle	lost Lewis	4. DATE Month OF DEATH	Doy Year
soges I ond 2 with the Stote Deportment rs ofter deoth.		SEX 6. COLOR OR RACE 7. N Female White W	IDOWED DIVORCED	L-14-1892	9. AGE (In years last birthdoy) A	FUNDER 1 YEAR   IF UNDER 24 HRS. Months Doys Hours Min.
uges lond 2 with the Stote Deportment of Stote deoth.	dur	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	New York		12. CITIZEN OF WHAT COUNTRY? USA
le page	13.	FATHER'S NAME  Arthur Derrick		14. MOTHER'S MAIDEN NA	nown	
rmit. Eile hin 72 hou	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of servi	ice)	nformant illiam K. Le	Address wis Same a	s # 2
buriol-tronsit permit. Elle pages lond 2 w		18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	r line for (o), (b), and (c).) Heart failure			INTERVAL BETWEEN ONSET AND DEATH Minutes
s o buriol- nd in ony		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse couse (b).	Arteriosclerotic he	eart disease		
r files. 3 should be used ation, or removal, o	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE COND	DITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
ss. nould b	L CERTIFICATION	20g. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED. (	Enter nature of injury in Po	ort 1 or Part II of item 18.)	
your files. Page 3 sho cremation,	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 19		E OF INJURY (Hame, farm, ory, street, office bldg., etc.)	20f. (City ar tawn)	(Caunty) (State)
tained for to burial,		21. I certify that I took charge of death resulted from: Notural countries of ACTUAL	1 - 11 -	de, Homicide   CHIEF MEDICAL E		
5 may be re 5 FUNERAL I Health prior		EXAMINER'S John Kenoe, M.	.D. Riverdale, Md.	DEPUTY MEDICAL	EXAMINER City, town, or county)	1-6-67
TO FI	230	BURIAL, CREMATION, BREMOYAL (Specify) Jan. 9,1			23d. LOCATION (City or Town) Arlington, V	

2Sb. REGISTRAR'S SIGNATURE

2So. REC'D BY REGISTRAR

VR A15ME (5) 6M 1/67

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessory, please execute the certificate, writing the ward "pending" in penal in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with form PM3. Page

TO DEPUTY MEDICAL EXAMINER:

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STATE OF THE PARTY OF THE STATE 
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01209 FOR STATE 01207 EALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) g. COUNTY 2, and 3 to PM3. Poge COUNTY I and 2 with the Stote Deportment of Prince George's MARYLAND Marvland Prince George's delay and 3 b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If autside corporate limits, write RURAL and give neorest town) c. LENGTH OF STAY IN 1b write RURAL and give neorest town) Cheverly DOA Capitol Heights e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS n pencil in Item 18. Give Poges 1, Examiner's Office along with form YES NO THE Prince George General Hospital 6210 Kingston Road This certificate should be executed within 24 hours after death. NAME OF Middle 4. DATE Last Month DECEASED Raymond (Type or print) Francis Luckett DEATH 5. SEX 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Months after deoth WIDOWED DIVORCED White March 1913 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) **INDUSTRY** Unemployed Washington, D. C.

14. MOTHER'S MAIDEN NAME U.S.A. 13. FATHER'S NAME hours John Luckett Ida May Watson .⊆ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16/50CIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 4 should be farworded to the Chief Medical Ruth S. Luckett Same as #2 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH event IMMEDIATE CAUSE (6) Heart failure writing the word DUE TO Arteriosclerotic heart disease over 4 yrs. in any Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse 0 pup 0.5 be used 19. WAS AUTOPS) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) removol, PERFORMED? NO IX 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should 0 PRIMARY OF CONTRIBUTING CAUSE OF DEATH cremation, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (State) 20e. PLACE OF INJURY (Home, form, (County) Hour a.m. foctory, street, office bldg., etc.) Nat While ot work 21. I certify that I tack charge of the remains described obove, held an Autopsy , Inspection . Inquiry x, and in my apinian Natural causes X Suicide , deoth resulted from: Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER 1-13-67 Kehoe, Riverdale, Md. John/ moy Health NAME (Type) Address (Street, city, town, or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATOR 23d LOCATION (City, or Town) (Stote) (County) 0 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) Marles 6M 1/67

10210 THE PER PORTUGE SANSARILES on's' I be to be . A. R. West of the Control of the C The state of the s The second of th And the state of the section of the

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL FOR STA **EXAMINER'S** CERTIFICATE OF HEALTH DEPI USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY PRINCE GEORGE'S VTRGTNTA any delay is necessary, 2, and 3 to the funeral PM3. Page 5 may be MARYLAND Department after death. b. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ALEXANDRIA RURAT-UPPER MARLBORO d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE CROOM STATION ROAD AND CROOMS ON A FARM? State hours 1200 CROTON DRIVE MARLBORO NO A YES ROAD UPPER 3. NAME OF First Middle Lest OATE Month Yeer the 72 DECEASED OF CHARLES WILLIAM LURCOTT DEATH (Type or print) JANUARY 8 19 67 2 with within 6. COLOR OR RACE | 7. MARRIED EXAMINER: This certificate should be executed within 24 hours after death. If a certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, tould be forwarded to the Chief Medical Examiner's Office along with form 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 9. **NEVER MARRIED** last birthdey) Months Davs Hours 1928 CAUCASIAN MATE WIDOWEO **OIVORCEO** event 12. CITIZEN OF WHAT 10e. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) COUNTRY? during most of working life, even if retired) INOUSTRY PHILADELPHIA, PENNSYLVANIA U.S.A pages in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ALFRED (NMN) LURCOTT ESTHER (NMN) THOMAS File 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) (If yes give war or dates of service) 51-60-61-62 permit. removal, 493-20-3320 OFFICIAL U.S. NAVY RECORDS INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ] PART I. DEATH WAS CAUSED BY: INJURIES MULTIPLE EXTREME burial-transit cremation, or IMMEDIATE CAUSE (e) cremation, DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (e), stating 623 used as a to burial, underlying cause last. (C) WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CATION PERFORMED? YES K NO 3 should be agent, prior 20a. EXTERNAL CAUSE WAS PRIMARY XX or CONTRIBUTING CAUSE OF DEATH. CERTIFI 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) AIRCRAFT ACCIDENT MEDICAL 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year at work Not While factory, street, office bldg., etc.) NEAR UPPER MARLBORO 1967 FARM CTOR: Page designated a Jan 21. I certify that I took charge of the remains described above, held an Autopsy II. Inspection . Inquiry and in my opinion the cert files. RECTOR: / Agcident Undetermined manner death resulted from: Natural causes 7 Suicide Homicide CHIEF MEDICAL EXAMINER your 4 execute Page 4 22. OATE SIGNED ACTUAL SIGNATURE 0 for 0 DEPUTY MEDICAL EXAMINER FUNERAL JAN 1967 Health **EXAMINER'S** director. retained KEHOE. JOHN Address (Street, city, town, or county) NAME (Type) (State) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION. DATE THEREOF SURIAL (Specify) GTON 0 CEM FUNERAL DIRECTOR Charles VR A15ME DATE 3500 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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o. COUNTY	H Prince Georg	es	MARYLAN	ID.	o. STATE Mary		b. COU				on)
write RURAL	N (If outside corporate limit ond give nearest town)	its,	c. LENGTH OF STAY IN 1	b	c. CITY OR TOWN (If o		orote limits, write RUI	RAL ond giv	re neores	t fown)	
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	<u>ceGeorges Ge</u>					Mara		-		YES	NO 🔀
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(Type or print) S. SEX	6. COLOR OR RACE	Ethel			DATE OF BIRTH	DEAT	9. AGE (In years	I IF UNDER	15 I VEAD		67 R 24 HRS.
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10 FATHER C HAM	Housewife	0	wn home		111ino:			10	O A	•	
13. FATHER'S NAM	Wilson Kir	kland			Caroli		ller				
1S. WAS DECEASED (Yes, no, or unknow	EVER IN U.S. ARMED FORCES (n) (If yes give wor or dotes	of service) 16.	SOCIAL SECURITY NO.		FORMANT semary C G	raham	Hyattsv:		Md.		
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OR CONTRIBUT	WAS UNDERLYING  ING CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. D	ESCRIBE HOW INJURY OCCU	RRED. (E	nter noture of injury in	Port I or I	Part II of item 1B.)				
20c. TIME OF Hour	INJURY Month, Doy, Yeor o.m. p.m. 19	While			OF INJURY (Home, for y, street, office bldg., etc		. (City or town)	(Co	unty)		(Stote)
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220. SIGNATU	Klan/	3 (2	men	M.D.		MED. DIRECTOR	STAFF PHYS.	22b. [	ATE SIGN		196
22c. PHYSICIA NAME (T		3.0	AMERO.	N	22d. ADDRESS 3 50 3	3	PERRY	57	RA	47	116
230. BURIAL, CREM BREMOVAL (Spe	" 1	HEREOF 3, 1967	23c. NAME OF CEMETER Fairlawn C				LOCATION (City or To		(County	) (	Stote)
24. FUNERAL DIRE		lyattsv	ADDRESS ille, Md.		2So. REC	D BY REGI	25b. RI 17 1967	gistrar's	signatu avlu	-	dge

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the deoth certificate be executed within 24 hours ofter deoth. Page 4 may be retained by the hospital or attending physicion. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the othending physician and campletely filled in by the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Heolth prior to buriol, cremotian, or removal, and in any event, within 72 hours after death.

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death. Page 4 be retained by the hospital or attending physician.

OFUNERAL CTOR: After this certificate has been signed by the attending physician and completely the funeral director, page 3 smould be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and vin any event, within 72 hours after death. 24 hours after ATTENDING PHYSICIAN: The law requires that the death certificate be executed death. Page 4
TO FUNERAL TO HOSPITAL

VR A15 (4) 15M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

01212	2		CERTIFICA	TE OF DEATH		01210
1. PLACE OF DEATH			33 7 10 7 18		CE (Where deceased lived, If I	
Pr	ince Georg		MARYLAND	a. STATE Mary	land b. COUN	Montgomery
b. CITY OR TOWN (if write RURAL and	outsida corporeta lim	its, c. LE	ENGTH OF STAY IN 16		(If outside corporete limits, write	
Laurel		七	\$ 5 DAY	Silver Spr	ing	15.2
d. NAME OF HOSPITA	L OR INSTITUTION	(if not in hospital, g	ive street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Laurel Gene	ral Hospit	tal		2601 Brigg	s-Chaney Road	YES NO
NAME OF DECEASED	First		Middle	Last	4. DATE Month	Dey Year
(Type or print)	Juliu	ıs	Bernard	Marlow	DEATH Janu	ary 6 1967
. SEX	6. COLOR OR RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthdey)	
Male	White	WIDOWED 🔀	DIVORCED _	Jeb. 25, 188		Months Deys Hours Min.
on a during most of work	N (Giva kind ol work	k IDb. KIND OF	BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Cour	nty & State, or loreign country)	12. CITIZEN OF WHAT COUNTRY
Ret. Dairy S		Farme.	rina	Montgomer	y Co. Md.	U. S. A.
. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	Me Clalla
. Pinkney 1	Marlow			Emma Clar	k	
. WAS DECEASED EVER	IN U.S. ARMED FOR	RCES?   16. SOCIA	AL SECURITY NO. 17.	INFORMANT		Northwest Dr.
es, no or unkown) (Ify	None		es M	rs. Katharine	McCeney Silvi	er Spring. Md.
18. CAUSE OF DE	ATH [Enter only one				,	I INTERVAL BETWEEN
	WAS CAUSED BY:	1500	-ling	numous	<i>A</i> -	ONSET AND DEATH
4442 X	DUE TO		emp		- 6	Jan J
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(e), stating the und	derlying DUE TO	( B	Dones	alerot,	W C' CUIX	Din IXam
PART II. OTHER	SIGNIFICANT CONDI	ITIONS CONTRIBU	ING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY
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20a. ACCIDENT WA	S UNDERLYING TO	206. DESCRIBE	HOW INTORY OCCUR	ED. (Enter nature of injury in	Part I or Part II ol item 18.)	
20a. ACCIDENT WA. OR CONTRIBUTING [ (IF EITHER, NOTIFY A	CAUSE OF DEATH					
20c. TIME OF INJUR			OCCURRED   20e, P	LACE OF INJURY (Home, ferr	m. ' 2Df. (City or town)	(County) (State)
20c. TIME OF INJURY		WhileN	lot While	ectory, street, office bldg., etc		(000,
p.m.	19	1	at work	1/10	11/1	17
The state of the s		attended t	he deceased from	1 4	196.6 to	, 196. /that (I) (w) las
saw the decease	d alive on	1.4.	19, and th	at death occured at	from the causes	and on the date stated above
220. SIGNATULE	LAM	11		Ditte.	MED. STAFF	22b. DATE SIGNE
22c. PHYSICIAN	- NVV	ane	~	M.D. PHYS.	DIRECTOR PHYS.	1-6-67
NAME (Type)	4	11/0 12	102	22d. 1000055		- 1
· /	JMI	vali	- 11	J'ul	ou 1	u
REMOVAL (Specify)	0 0	101- AL	NAME OF CEMETER		23d. LOCATION (City, tov	vn or county) (Stata)
surial	yan. 9,	1967   No	ealsville 1	presbyterian		le, Maryland
FUNERAL DIRECTOR'S	SIGNATURE SE	n Bollens	294 Geor	gia Ave. 250. RE	C'D BY REGISTRAR 256. REC	Charles Indee
e n	umphrey.	Inc.	Silver Sp	ring, Md DATE	AUII TT 1001	The state of the s

01210 beatysail DE PARE LEGISTE STATE Jackson Honors of the MHETURA ... BOARD THE TOTAL STREET et. Dairy in use Danieling The Dienery Te., Mr. U. S. R. What was a start of the Second Start of the Start of the Second St 3day marche Brumeryea Congestine Heart falure 6 min artenerelentie C. U. 18kin 10901 Cialitia Milletter-Dans C. 1967 hartwille beedute in Con. Headwille, Maryland 

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01213 CERTIFICATE OF DEATH 01211 requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) b. COUNTY rince George o. COUNTY Maryland Prince George MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Yrs Laurel, Ma e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 504 9th Street. 9th St. YES NO X 3. NAME OF First Middle Lost 4. DATE Month DECEASED Jan. RUSSELL MATTHEWS (Type or print) DEATH S. SEX 6. COLOR OR RACE 7. MARRIED - NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. lost pirthdoy) Months Male Negro May 10, 1912 WIDOWED 11. BIRTHPLACE (County & State, or foreign country) 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT signed by the attending physician a burial-transit permit. Then please during most of working life, even if retired)
Waint. Worker INDUSTRY COUNTRYS Maryland Worker one 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Pearl Mitchell George Matthews 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs Sarah Matthews (same as above INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
A CUIT OF ONSET AND DEATH Acute Myocardial Infarction IMMEDIATE CAUSE (o) DUE TO (b) Chronic Mitral insufficiency and chronic DUE TO congestive Heart Failure Conditions, if ony, which gave rise to immediate couse (a), te has been s use as the l alth priar ta l stoting the underlying couse 10 HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending to FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 2Do. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 2Dc. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While # 19 from causes and an the date stated abave. 21. I certify that (I) (this sho so that attended the deceased fram. 1056 1067, and that death accurred at a saw the deceased alive an Jan 22b. DATE SIGNED 220. SIGNATURE MED. DIRECTOR **ATTENDING** ☐ STAFF PHYS. □ Jan. 16. 1967 22d. ADDRESS 329 Prince George Street NAME (Type) Robert Wingfield, M.D. Laurel, Maryland directar, shauld 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) -1/18/67 Carver Memorial Laurel. Md 256. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Rockville, Md

01214 ANGERTAL SELECTION OF STREET to increte first wounded thought from All of roads and the and the enuling their ovice mon and the 

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01214 01212 the funeral oges I and 2 safter death. requires that the deoth certificate be executed within 24 haurs after deoth 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY ompletely filled in by the fur ve corbon papers. Poges 1 event, within 72 haurs after Prince Georges MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) 4 mos., yr., Glenn Dale (rural) Washington d. NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? completely filled 708 7th Street S. E. Glenn Dale Hospital YES NO 30 3. NAME OF remove corbon Middle Last 4 DATE Month Doy Year DECEASED 13 1967 McClanahan James M. January (Type or print) DEATH IF UNDER 1 YEAR S. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** lost birthday) Months Hours Doys 7/7/1888 Male White 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Leesburg, Virginia USA Retired 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal James W. McClanahan Mildred Thaver the attending r 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service signed by the atter burial-tronsit permi burial, cremation, o Decedent 577-28-9352 No 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:

Find add 1 and an INTERVAL BETWEEN ONSET AND DEATH Friedlander's pneumonia IMMEDIATE CAUSE (o) 54 days by the hospital or attending physicion. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUF TO stoting the underlying couse os the prior to l DIRECTOR: After this certificate hos been Cerebrovascular accident with right hemiplegia 18 mos. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? Pulmonary emphysema; hiatal hernia. YES -NO X for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [ be detached for Stote Dept. of H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, office bldg., etc.) Not While OR ATTENDING 21. I certify that (4) (this haspital) attended the deceased from 8/27 1967, that (b) (we) last 3 should by with the S be retained 19 67, and that death accurred of saw the deceased alive on 1/13 fram causes and on the date stated above. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING director, page 3 should be filed v M.D. K PHYS. DIRECTOR 22d, ADDRESS 22c PHYSICIAN'S Glenn Dale Hospital TO FUNERAL NAME (Type) Moe Weiss, M. D. Glenn Dale, Maryland 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) Washington! Remova! 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Charles VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a GQUNTY b. COUNTY after MARYLAND 02 b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) c. LENGTH OF STAY IN 1b papers. rwrite RURAL and give nearest town hours -16 6 .⊑ filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE d. STREET ADDRESS within 72 ON A FARM? ND X YES etely 3. NAME OF DATE Day Year Last Month DECEASED (Type or print) Ma DEATH 19 6 5. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years LIFUNDER 1 YEAR HE UNDER 24 HRS 7. MARRIED 8. NEVER MARRIED last birthday) | Months Days Hours and WIDOWED TO DIVORCED [ 1Da. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician during most of working life, even if retired) COUNTRY? 10 4 30 221 Home annd 13. FATHER'S NAME MOTHER'S MAIDEN NAME remova attending principles of the straight of the st 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. 17. Address (Yes, no, or unkown) | (If yes give war or dates of service) Amay the CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Conditions, If any, which gave rise to Immediate DUE TO cause (a), stating underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT WAS AUTDPSY THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health FICATI PERFORMED? certificate YES T NO 20a. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) this MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | (County) (State) 20c, TIME OF INJURY Month, Day, Year 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While at work After p.m. at work 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: Jage 3 should lied with the and that death occurred at 4. Whiteom the causes and on the date stated above. saw the deceased alive on 19.67 22a. SIGNATURE 22b. DATE SIGNED pe page STAFF M.D. DIRECTOR PHYS. PHYS. TO FUNERAL E PHYSICIAN'S 22d. ADDRESS 22c. NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Cemetery Buria 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR **ADDRESS** REC'D BY REGISTRAR VR A.15 (4) 20M 1/65

23c. NAME OF CEMETERY OR CREMATORY

Mar yland

Arlington Nat.Com.

ADDRESS Mt. Rainiel 2So. REC'D BY REGISTRAR

23b. DATE THEREOF

23d. LOCATION (City or Town)

Arlington,

(County)

Va.

2Sb. REGISTRAR'S SIGNATURE

VR A15 (4) 20 M 1/66

23a. BURIAL CREMATION.

24. FUNERAL DIRECTOR

Funeral Home Inc

11210 31810 And the second s real series and the property of the commence o TOTAL TOTAL STATE OF THE PROPERTY OF THE PROPE ्रान्त्र में अवस्थित है। जिल्लामा विश्ववाद विश्वव 0 0 0 e mag é . CONTROL OF THE PARTY OF THE PAR

MARYLAND STATE DEPARTMENT OF HEALTH

i de la companya de l Prince donged and notinidas sentences 3 Honors Tage sachington , 310 Indo, 254, 54 149 ome and duratile duratile 71: beti -- Volte or : France 15, 57 Parako White the company of the parameter of the paramete Longon (Seeban Public Serools Margland Accorded Montagor Monegor The State Solid Pra. Grice Moon- Sine as Dom 42. 0 asserte Cancerleton Collepas Brien being a legel entresselves in dill top you 19/11 9: 11/01 19/31/11

KELVIN L. MINCHIN GUERMARLEGRETIKE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01218 CERTIFICATE OF DEATH 01216 funeral 1 and 2 ter death. be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY a. STATE b. COUNTY Prince Georges cion and completely filled in by the fur ease remove corbon popers. Pages 1 ond in ony event, within 72 hours after MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 1 mo 2 weeks Glenn Dale (rural) Washington, D. C. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? filled i 01 Glenn Dale Hospital YES NO -608 Chaplin St. 3 NAME OF Middle last 4. DATE Manth Day Year DECEASED Lucy Means 29 -19 67 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED XX last birthday) Manths Days Haurs N 1/18/1921 WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1). BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during mast of working life, even if retired) INDUSTRY COUNTRY? ottending physicion permit. Then please S. C. unknown requires that the death certificate 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremation, or removal, George Means Dailas Henderson 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service) 238-28-3615 decedent 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the buriol-transit p buriol, crematic PART I. DEATH WAS CAUSED BY: AS CAUSED BY: MEDIATE CAUSE (0) Recurrent cerebrovascular accident (thrombosis) HINTE CONSTITUTION Page 4 may be retained by the haspital or attending physician. DUE TO Cerebral arteriosclerosis with focal encephalounknown Conditions, if any, which gove rise to immediate cause (a), malacia stating the underlying couse hos been the (d) Generalized arteriosclerosis unknown COS 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Dept. of Health Chronic pyelonephritis; right hydronephrosis YES NO NO **DIRECTOR:** After this certificate far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) (County) (State) foctory, street, office bldg., etc.) Not While ntwork \_\_\_ at wark pe 19 66 ta 1/29/9 67, that (\$ (we) last 21. I certify that (this haspital) attended the deceased fram. 12/16 director, page 3 should should be filed with the 1/29/ 1967, and that death accurred at 1.25M, fram causes and an the date stated above. saw the deceased alive an 22m SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS. PHYS. 1/29/67 22d. ADDRESS 22c. PHYSICIAN'S FUNERAL NAME (Type) Moe Weiss, M.D. Glenn Dale Hospital, Glenn Dale, Md. 23a. BURIAL CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town 9 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Miarles Ju VR A15 (4) 25M 1/67 FEB 1967

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MARYLAND STATE DEPARTMENT OF HEALTH
ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120

01219	CERTIFICATE	OF DEATH		01217
o. COUNTY Prince George's	MARYLAND	o. STATE Maryla	Where deceased lived, if institution b. COUNTY	rince George's
b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)	22 hrs. 30 min		utside carparate limits, write RURA	L and give nearest tawn)
d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital,	give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Prince George's General	l Hospital	50720	67th Avenue	YES NOCK
NAME OF First DECEASED (Type or print)  Baby	Middle <b>Girl</b>	Lost Moltz		Day Year 1967
SEX 6. COLOR OR RACE 7. MARRIED WIDOWED WIDOWED	-	B. DATE OF BIRTH  1/6/67		IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days Haurs Min. 22 30
	KIND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (County	& State, ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
	NOOSIK?	Prince Geo	rge's Maryland	U.S.A.
FATHER'S NAME		14. MOTHER'S MAIDEN		
George Edward Molt  WAS DECEASED EVER IN U.S. ARMED FORCES? 16.		Peggy AI	nn Sturgess Address	
es, na, ar unknawn) (If yes give war ar dates af service)	STATE OF THE PERSON ASSESSED.	other		
18. CAUSE OF DEATH (Enter anly one cause per line for		other	AS	above INTERVAL BETWEEN
	ningocoele	Co	ongenital	ONSET AND DEATH
Canditions, if any, which gave rise to immediate cause (a),	crocephaly	Co	ongenital	
stating the underlying cause   DUE TO   last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES K NO
20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part 1 or Part II of item 18.)	X
20c. TIME OF INJURY Manth, Day, Year Hour a.m. 20d. White		CE OF INJURY (Hame, farrary, street, affice bldg., etc.		(Caunty) (State)
21. I certify that (I) (this haspital) atter	nded the deceased fram	Jan. 6.	187 . to Jan. 6.	_, 19.67, that (I) (we) la
saw the deceased alive an Jan. 6	19 <b>67/</b> ) and tha	t death accurred at	10:40, fram causes ar	nd an the date stated above
22a. SIGNATURE	Yo harfa	ATTENDING IX	MEG. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
1 XMIN 1	The state of the s	1111101	300 Riverdale F	Road
22c. PHYSICIAN'S	1			
22c. PHYSICIAN'S NAME (Type) John Kehoe			Riverdale, Mary	land
NAME (Type) John Kehoe	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town	
NAME (Type) John Kehoe	23c. NAME OF CEMETERY OR Prince Georges	CREMATORY  Gen. Hosp.	23d. LOCATION (City or Town	

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

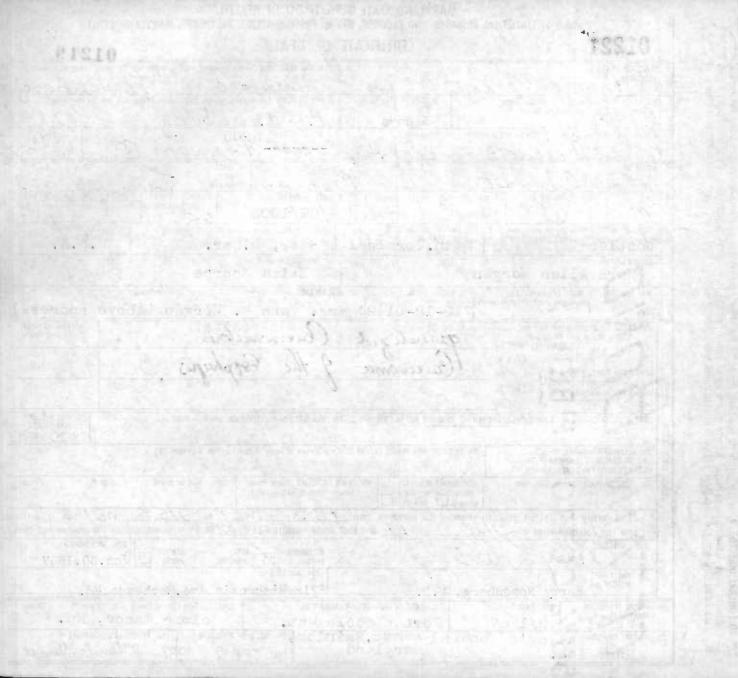
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, cremation of remaval, and in any event, within 72 haurs after depth.

See State of the Control of the Cont

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01220 FOR STAY 01218 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. STAT Maryland b. COUNTRINCE George's a. COUNTY Poge delay is Prince George's 10 MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b puo P.M3. Beltsville DOA Cheverly with the Stote Depor e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Office olong with form 5413 Odell Road Prince George's Hospital YES NO [ in Item 18. Give Pages This certificate should be executed within 24 hours ofter deoth. Middle Inst 4. DATE Month Year NAME OF First DECEASED January Michele Moore Romaine DEATH (Type or print) 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED S SEX 6. COLOR OR RACE 7. MARRIED lost birthdoy) Months Sept. 14, 1966 DIVORCED WIDOWED Negro female 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) onc should be forwarded to the Chief Medical Examiner's Nonc buriol-transit permit. File page 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in pencil event within 72 hours INFORMAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) "pending" one. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PHIST AND DEATH PART I. DEATH WAS CAUSED BY Broncho-pneumonia (SDII IMMEDIATE CAUSE (o) writing the word DUE TO in ony Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse 0 pup SD 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) be used or removol, YES TX NO the certificate. 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH. cremation, 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While may be retoined for your FUNERAL DIRECTOR: Page ot work 21. I certify that I taak charge of the remains described above, held an Autapsy X, Inspection Inquiry 3 and in my apinian Undetermined manner death resulted fram: Notural causes Accident funerol director. Suicide Hamicide CHIEF MEDICAL EXAMINER Heolth prior to 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 1-14-67 O DEPUTY DEPUJY MEDICAL EXAMINE **EXAMINER'S** Kehoe, M.D NAME (Type) 230. SURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23d. LOCATION (City, or Town) (County) 50 VR A15ME (5) 6M 1/67

MANAGER EXPRISE TOWNS AND RESIDENCE OF THE OWNER. THE RESERVE OF THE PARTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01221 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death event, within 72 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and completely filled in by the funeral remave carban papers. Pages 1 and PLACE OF DEATH o. COUNTY b. COUNTRY MARYLAND C. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, TOWN of outside corporate limits, write RURAL and give nearest tawn) Prite RURAL and give nearest town) ENSDU 5 days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 5205 IS RESIDENCE ON A FARM? d. STREET ADDRESS C. NU YES NO S 3. NAME OF DATE Year Dov DECEASED (Type or print) RSAN DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX X DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** lost\_birthdoy) Months Doys Hours /22/1903 and in any WIDOWED DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT IDo. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) ease Star. N. Car. Terminal 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, or removal, Eliza Monroe Mark Allen Morgan 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service Mrs. Vera b. Morgan (above 718-18-0142 address No (Wile 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH burial-transit IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the haspital or attending physician. DUE TO burial. Conditions, if ony, which gove (b) rise to immediate couse (o). DUF TO stoting the underlying couse priar to ! has been use as the lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION with the State Dept. of Health YES DO NO this certificate far 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 2Dd. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work O FUNERAL DIRECTOR: After 1967 that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from , 19<u>67</u>, ta 1967, and that death accurred at 2:23/M, from causes and on the date stated above. saw the deceased alive on-22b. DATE SIGNED 220. SIGNATUR ATTENDING STAFF PHYS. Jan.30,1967 M.D. PHYS directar, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 8218 Wisconsin Ave Bethesda Md Barry Rosenberg 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
Burial Colmar Manor, Md. Fort Lincoln Cem. 2/1/67 ADDRESSMt.Rainier, 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Nalley 's Funeral Mearles VR A15 (4) 20 M 1/66 Maryland Home Inc.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01222 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 01220 HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY delay is and 3 to P.M.3. Page with the State Department of Prince George's MARYLAND Maryland Prince George's b. CITY OR TOWN (If autside carparate limits, write RURAL and give neorest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparote limits, write RURAL and give negrest tawn) 23 days West Hvattsville Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm ON A FARM? This certificate shauld be executed within 24 haurs after death. If cate, writing the ward "pending" in pencil in Item 18. Give Pages 1 5704 Queens Chapel Road NO IX Prince George's General Hospital 4. DATE NAME OF Middle Month Day Year DECEASED OF DEATH Mullen Russell E. 119 19 67 (Type or print) IF LINDER 1 YEAR LIF LINDER 24 HRS 8. DATE OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED lost birthday) Manths Days Hours 7-22-86 DIVORCED white WIDOWED male permit. File pages tand dear 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) Agriculture Dept Michigan ter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in any event within 72 haurs Frank E Mullen Nellie Hakes 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknown) (If yes give war or dates of service) 17. INFORMANT Address 16. SOCIAL SECURITY NO. 22 044 8149 Hospital records Cheverly. Md. ves INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Subdural Hematoma, left IMMEDIATE CAUSE (a). DUF TO Broncho pneumonia, left, right, middle, lower Conditions, if ony, which gave rise to immediate cause (a), lobes. DUF TO stating the underlying couse D. and OS be used 19. WAS AUTOPSY crematian, or remaval, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO X 20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING 🕅 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) may be retained far yaur files. FUNERAL DIRECTOR: Page 3 shauld MEDICAL EXAMINER: CAUSE OF DEATH unknown 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 3 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar town) (County) (Stote) While at warkan To Not While Haur a.m. foctory, street, office bldg., etc.) unknown un momm Inspection X, Inquiry X 21. I certify that I took charge of the remains described above, held on Autopsy X, ond in my opinion Health prior to burial, deoth resulted from: Noturol couses Accident X Suicide . Homicide Undetermined monner the funeral director. CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 1-21-67 DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type John Kehoe M.D., Riverdale, Maryland Address (Street, city, tawn, ar county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County Colman Manor To Geo (County) 0 Md. Jan 23, 1967 Ft Lincoln Cemetery ADDRESS 250. REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ycliantes gons VR A15ME (5) ons F. Gasch's Hyattsville, Md. 6M 1/67 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01223 CERTIFICATE OF DEATH and campletely filled in by the funeral remave carban papers. Pages 1 and 2 n any event, within 72 hours after death. be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Prince Georges MARYLAND Maryland Prince Georges c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, LENGTH OF STAY IN 1b write RURAL and give nearest tawn) 26 days Cheverly Lanham IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS YES NO X 94th Ave. Prince Georges General Hospital 6309 Year 3. NAME OF Middle Last 4. DATE Month Dov DECEASED DEATH (Type or print) Willie 0 Murphy Jan. IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In veors 8. DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** lost birthday) Months Haurs Days DIVORCED WIDOWED 21 Mar., 1906 White Male the attending physician and sit permit. Then please rem 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind af work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired) COUNTRY? **INDUSTRY** North Carolina PHYSICIAN: The law requires that the death certificate Maint. Foreman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nellie Turnage Irving Murphy burial, crematian, or remov IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unkna wn) ((If yes give war ar dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Madeline Murphy (above address 578-10-7827 Yes INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per for (o), (b), and (2).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: signed by 1 IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a). DUF TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION Health NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Haur o.m. Nat While at work at work 21. I certify that (I) (this hospital) attended the deceased fram. and that death accurred at 9, 10 PM fram causes and an the date stated above saw the deceased alive on 22b. DATE SIGNED 22a SIGNATURE **ATTENDING** STAFF M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN

directar, page shauld be filed 23o. BURIAL, CREMATION, VR A15 (4) 20 M 1/66

BREMOVAL (Specify) 5 24. FUNERAL DIRECTOR Nallev's Home Funera

NAME (Type)

23b. DATE THEREOF /1967

23c. NAME OF CEMETERY OR CREMATORY Ft. Lincoln Com. ADDRESSMt Rainier

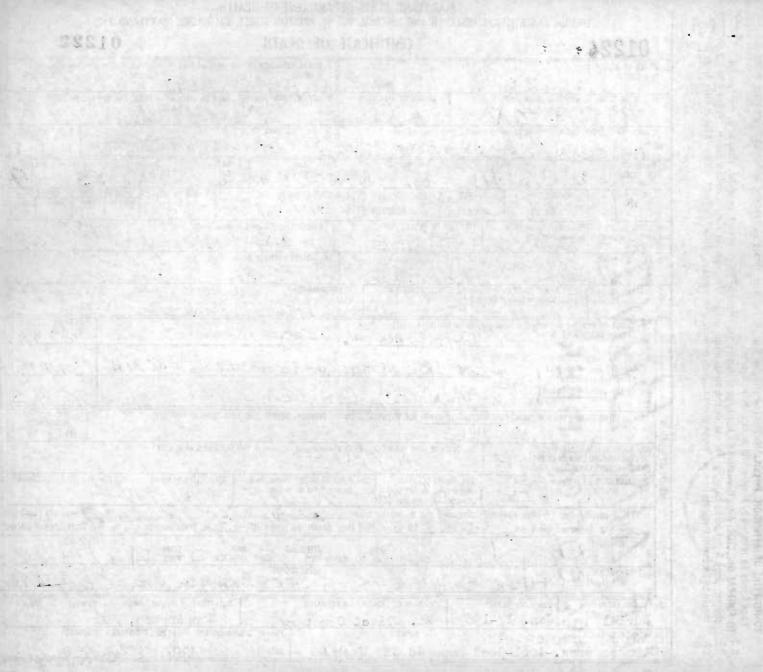
Colmar Manor, 25o. REC'D BY REGISTRAR 196 DATEAN

23d. LOCATION (City or Town)

(County) (State) 25b. REGISTRAR'S SIGNATURE

2 75 4 ever 5 Let'Resold Edward Subject Borik THE RESERVE OF THE PARTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01222 CERTIFICATE OF DEATH 01224 death. certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) ond completely filled in by the funeral remove carban papers. Poges 1 ond 1. PLACE OF DEATH o. COUNTY MARYLAND ve carban papers. Poges I event, within 72 hours after c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) YES NO DATE 3. NAME OF DECEASED Middle Lost Month Year. OF DEATH (Type or print) IF UNDER I YEAR AGE (In years SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH last birthday) Months Hours WIDOWED DIVORCED 17. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY during most of working life, even if retired) INDUSTRY 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 17. INFORMANT 16. SOCIAL SECURITY NO. PHYSICIAN: The low requires that the death (Yes, no, or unknown) (If yes give wor or dates of service) buriol, cremotion, CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: buriol-transit IMMEDIATE CAUSE (o) signed by be retained by the hospital or attending physician. DUE TO HEMHORHAGE - HEPATIC. COMA Conditions, if any, which gove rise ta immediate couse (a), DUE TO stating the underlying couse use os the lath prior to b ENNECS CIRROSIS O FUNERAL DIRECTOR: After this certificate has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPS) PERFORMED? NO for 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AAVSE OF DEATH (IF EITHER, NOTIFY MEDITAL EXAMINED 205. DESCRIBE HOW INJURY OCCURRED. (Entergoature of injury in Part I ar Part II af item 18.) (County) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City ar town) 20c. TIME OF INJURY Month, Day, Year, No While factory, street, office blidge 21. I certify that (1) (this hospital) ottended the deceased from. 13 19 67, and that death occurred at The M, from couses and on the date stated above sow the deceosed olive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. STAFF PHYS. M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S 08 NAME (Type) director, should b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF BEMOVAL (Specify) Washington, Jan. 17-1967 Mt. Olivet Cemetery DC 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR ADDRESS 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Simmons Bros. -1661-Good Hope Rd SE Wash DC DATE .



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01226 CERTIFICATE OF DEATH 01224 death. within 24 haurs after death nd completely filled in by the funeral enove ratban papers. Pages 1 and any event, within 72 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Prince Georges MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give neorest town) Washington, D. C. 57rs 20 days Glenn Dale (rural) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 224 7th St., S.E. YES NO A Glenn Dale Hospital Middle 4. DATE 3. NAME OF Month remove carban Last Year and campletely DECEASED 19 67 Oliver, Jr. January 23, Sanders DEATH (Type or print) The law requires that the death certificate be executed IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Months 6/6/26 WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) physician c during most of working life, even if retired) unknown S.C. laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaval, Mamie Robertson Sanders Oliver, Sr. IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war ar dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address decedent 251-26-4694 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)
Cor pulmonal INTERVAL BETWEEN signed by the burial-transit p 1 ONSH AND DEATH Cor pulmonale **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. DUE TO Canditians, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying cause (c) Pulmonary tuberculosis 18 years **DIRECTOR:** After this certificate has been ge 3 shauld be detached far use as the of Health prior ta 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO X YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While at work ed fram 1/3/19 62, ta 1/23/67, that (\*) (we) last and that death accurred at 10:554 Mam causes and an the date stated abave. 21. I certify that (X (this haspital) attended the deceased fram. director, page 3 shauld shauld be filed with the S saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. DIRECTOR T 1/23/67 M.D. 22c. PHYSICIAN'S TO FUNERAL Glenn Dale Hospital, Glenn Dale, Md. NAME (Type) Moe Weiss, M.D. 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL Specify) Richmond Va. /29/67 East End Cemetery 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Charles VR A15 (4) 25M 1/67 DATE AN

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. death certificate be executed within 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01225

	U I A A U
1. PLACE OF DEATH  •. CQUNTY	2. USUAL RESIDENCE (Whara deceased lived, If institution: Residence before admission)
PRINCE GEORGES MARYLAND	a, STATE VA
b. CITY OR TOWN (if outside corporeta limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
write RURAL end give peerast town)	ALEXANDRIA
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   e. 15 RESIDENCE
CARROLL MANOR	808 JUNIOR ST. YES NO DE
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer OF
(Type or print) ANNA C. O	Neil DEATH JAN 4 1967
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED     B	DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.    Months   Devs   Hours   Min.
FEMALE WHITE WIDOWED DIVORCED []	FeB. 24, 1884 82 yrs. Months Deys Hours Min.
10a. USUAL OCCUPATION (GIve kind of work done during thost of working life, even if retirad)	Y 11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
AW.	SHREVEPORI, LA U.SA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Kinney	CLARA GUISE
	NFORMANT Address
(Yes, no, for unknown) (If yas give wer or detes of service)	FER M. MARK CARROLL MANOR
18. CAUSE OF DEATH (Enter only one ceuse per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	N Mont Lailier stan
334X DUE TO 14 44	1 July
Mullen Muller	alous! U (bes
geve rise to immedieta causa	7929
(e), steting the underlying DUE TO	
ceuse last. (c)	4
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OTTRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
13 Com - due to cor	ebral vellresceresis YES NO D
206. ACCIDENT WAS UNDERCYING   OR CONTRIBUTING CAUSE OF DEATH   OR	D. (Enter neture of injury in Pert I or Pert II of item 18.)
	CE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State)
Hour e.m. While Not While fact	ory, street, office bldg., etc.)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	5 that (I) (we) last
saw the deceased alive on	death occurred at 5.2M, from the causes and on the date stated above.
22e. SIGNATURE And	ATTENDING MED. STAFF 22b. DATE SIGNED
Manara I Wilha Will M	D. PHYS. DIRECTOR PHYS. D
22. PHYSICIAN'S	22d. ADDRESS
NAME (TYPE) PELANCY MD.	4323 HARVARD JIL. JA MD
238 BURIAL, CREMATION, 236. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stete)
REMOVAT (Specify) LAN- 7, 1967 mot Oh	not WASH D
24 FUNERAL DIRECTOR'S SIGNATURE 3603 CAPPRESSY NIL	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
WW alterul	-Zhoin DATE MM 9 1997 Williamles Judge
VVV	

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01228 death. be executed within 24 hours after death. by the funeral Pages 1 and 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY Prince Georges County Prince Georges o. STATE Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RIRAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) event, within 72 hours 19hrs.20mins. Riverdale completely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince Georges General Hospital 5613 Kennedy Street YES NO 3. NAME OF Middle 4. DATE remove carbon First Lost Month Doy Year DECEASED Baby Girl January (Type or print) Page DEATH 18 19 67 S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lost birthday) Manths Hours Doys Female White WIDOWED DIVORCED Jan. 18, 1967 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Md. requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Page Helen Deanna Linkous Bearl burial, crematian, or remark 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) I(If yes give wor or dotes of service 16. SOCIAL SECURITY NO. 17. INFORMANT Address Same as above 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. **DUE TO** Conditions, if ony, which gove rise to immediate couse (a). DUE TO r this certificate has been si detached far use as the b te Dept. af Health priar to b stoting the underlying couse lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) directar, page 3 shauld be detache should be filed with the State Dept. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not While ot work ot work O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased from Jan. 18. , 19.67, ta Jan. 18. , 19.67, that (I) (we) last saw the deceased alive an Jan. 18. 1967, and that death accurred at 8:45 M, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS. 22d ADDRESS 224. PHYSICIAN'S NAME (Type) 230. BURIAK CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Cheverly, Maryland HOST 50. REC'D BY REDISTRIAL T 1 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIR 20 M 1/66 DATE CER

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24. FUNERAL DIRECTOR

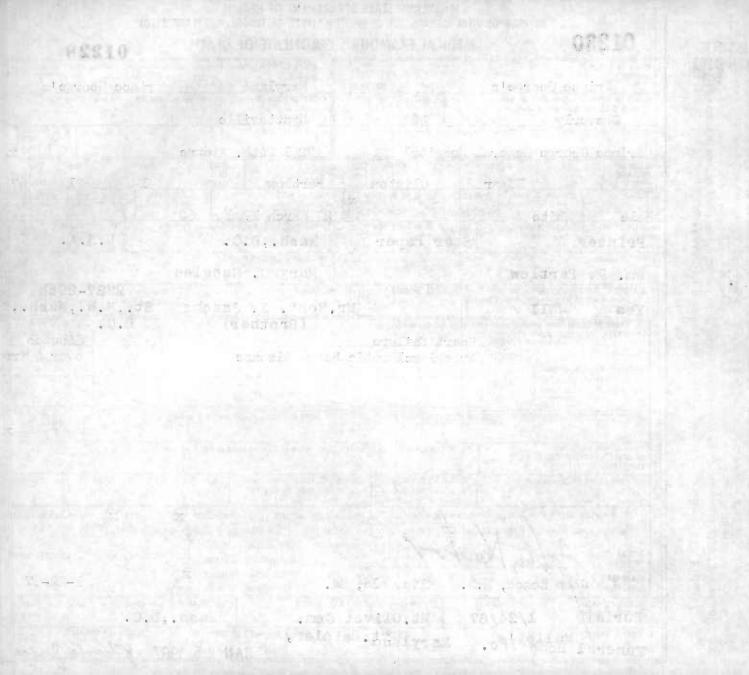
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01230 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY any delay is , 2, and 3 ta n PM3. Page Prince George's Maryland Prince George's MARYLAND pages 1 and 2 with the State Department b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) DOA Hvattsville Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? iner's Office alang with farm NO SE 24 haurs after death. I Prince George General Hospital 7201 24th. Avenue Middle Last 4. DATE DECEASED Partlow (Type or print) Clinton DEATH Edgar 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH NEVER MARRIED lost birthday) Months Hours 72 haurs after death. WIDOWED DIVORCED 27 March 1906 Male White 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) Starraper TICOUNTRY Wash., D.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate shauld be executed within Wm. F. Partlow Mary C. Gaeglee Address 2727-29th IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. permit. (Yes, no, or unknown) (If yes give wor or dotes of service) event within Mr.Robt. J. Jacobs St., N.W., Wash., word "pending" the Chief Medical Yes (Brother) D.C. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH IMMEDIATE CAUSE (6) Heart failure writing the word Arteriosclerotic heart disease over 4 yrs any Conditions, if ony, which gove 4 shauld be farwarded to rise to immediate couse (o), = DUF TO stating the underlying couse and be used 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) ar remaval, NO 20o. FXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 3 shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH crematian, 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Page ? Hour a.m. foctory, street, office bldg., etc.) Not While at wark ot work 21. I certify that I took sharge of the remains described above, held an Autapsy , Inspection 30 Inquiry x and in my apinian may be refained for FUNERAL DIRECTOR: Natural causes 13 Suicide . Hamicide death resulted fram: Accident . Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health priar M.D. SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 1-22-67 John Kehoe, M.D. Riverdale, Md. NAME (Type) Address (Street, city, town, or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23g. BURIAL CREMATION (Stote) Mt.Olivet Cem. Wash. D.C. 1/24/67 Maryland . Rainier , 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 01231 01229 HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COLINTY 2, and 3 ta PM3. Page o. STATE b. COLINTY Prince George's MARYLAND Maryland Prince George's land 2 with the State Department b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Cheverly 3 days
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) 3 days Fairmont Heights d. STREET ADDRESS e. IS RESIDENCE ON A FARM? er's Office alang with farm NO Sc in Item 18. Give Pages Prince George General Hospital YES [ 1014 60th, Place haurs after death. 3. NAME OF Middle 4. DATE Month Year DECEASED Payton

B. DATE OF BIRTH (Type or print) Mansfield DEATH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HR S. SEX 6. COLOR OR RACE NEVER MARRIED 7. MARRIED lost birthdoy) Months Hours after death. WIDOWED DIVORCED Male Negro
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 5 Sept. 1916 50 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT INDUSTRY COUNTRY? be executed within 24 Georgia Laborer 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME in any event within 72 haurs Ellen Watson Son Payton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) the Chief Medical 579-14-9928 Ernest Payton - Brother 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (0) Brain laceration, temporal lobes, bilateral This certificate shauld writing the word DUE TO And sub-dural hematoma, right, massive Conditions, if ony, which gove (b) From trauma rise to immediate couse (a), be farwarded ta DUF TO stoting the underlying couse dis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? remaval, CERTIFICATION please execute the certificate, YES X NO 20o. EXTERNAL CAUSE WAS PRIMAR → Or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld D Page 4 shauld CAUSE OF DEATH. unknown crematian, 20f. (City or town) about OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) While of work Not While of work foctory, street, office bldg., etc.) may be retained far yaur FUNERAL DIRECTOR: Page 9:00am p.m. 1-26same as #2 home 21. I certify that I taak charge of the remains described above, held an Autapsy 🗶 ], Inquiry x Inspection x and in my apinian Health priar to burial, death resulted fram: Natural Queses /, Agrident x Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) 230. BURIAL CREMATION 23d LOCATION (City or Town) (Stote) 0 REMOVAL (Specify) 1200 414. asy, n il 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) FEB 1967 6M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01233 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 01231 HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY 2, and 3 to PM3. Page burial-tronsit permit. File pages 1 and 2 with the Stote Department of Prince George's MARYLAND Maryland Prince George's b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) Mt. Rainier Cheverly e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 4 should be forworded to the Chief Medical Exominer's Office along with farm 24 haurs after deoth. It 100 Taylor Street YES NO IC Prince George's General Hospital NAME OF Middle Lost DATE Month Dov Year DECEASED OF Pfleeger DEATH 19 (Type or print) Elsie Pearl S. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** lest birthdoy) Months Doys Hours 3/24/1895 event within 72 hours ofter death. WIDOWED DIVORCED White Female 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? GOVT. Penna. 14. MOTHER'S MAIDEN NAME pencil 13. FATHER'S NAME within Osmer Anderson Hannah G. Anderson 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address pending be executed Route (Yes, no, or unknown) (If yes give war or dates of service) 219-42-3930 Mr. Clarence A. Pfleeger Sharnsburg INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) (Son) Md. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Asphyxiation This certificate should please execute the certificate, writing the word DUE TO Hanging ony Conditions, if ony, which gove rise to immediate couse (o), .⊆ DUE TO stoting the underlying couse 0 puo 19. WAS AUTOPSY PERFORMED? be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) or removol, NO to 20a. EXTERNAL CAUSE WAS PRIMARY € or CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should MEDICAL EXAMINER: CAUSE OF DEATH Hanged self in basement of home cremation, MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Page While 1-10-6719 Pode at work Basement of home same as #2 at work 21. I certify that I took charge of the remains described above, held on Autopsy Inquiry X ond in my opinion Inspection ox far FUNERAL DIRECTOR: Natural cases Undetermined manner deoth resulted from: Accident. Suicide X Homicide the funerol director. retoined CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE may be 1 O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth Kehoe, M.D. Riverdale, Md. 1-11-67 Address (Street, city, town, or county) NAME (Type) John 23d. LOCATION (City or Town) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) 23o. BURIAL, CREMATIQA 50 Sharpsburg, Md. Mountain View Cem. ADDREST Rainier , 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) Charles Maryland 1967 DATEJAN 6M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	01236	CERTIFICATE	OF DEATH		01234
	PLACE OF DEATH		2. USUAL RESIDENCE (V	Where deceased lived, if institution: Resi b. COUNTY	dence before odmission)/
(	PRINCE GEORGES	MARYLAND	O. SIAIE	C.	
-	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)	c. LENGTH DF STAY IN 1b	c. CITY OR TOWN (If au	tside carparate limits, write RURAL and	give nearest tawn)
	write RURAL and give nearest tawn) HYATTSVILLE	6 mos.	TALA	SHINGTON	111/2
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp		d. STREET ADDRESS	DITTIAGEON	e. IS RESIDENCE
	HYATTSVILLE NURS		1.1.7	11 38th. ST. N.	ON A FARM? YES NO
	NAME OF First	Middle	Lost	4. DATE Month	Doy Year
-	DECEASED			OF DEATH 1.→	27- 19 67
	(Type or print)  SEX  6. COLOR OR RACE  7. MAR	RIED NEVER MARRIED B	REARDON DATE OF BIRTH		DER 1 YEAR   IF UNDER 24 HRS.
,				last birthday) Month	
	A CONTRACTOR OF THE CONTRACTOR	WED DIVORCED DIVORCED DIVORCED DIVORCED	7-26-81	85 yrs.  & State, ar foreign country) 12	. CITIZEN OF WHAT
Jri	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)			& Store, or foreign country)	COUNTRY?
		U.S. GOVT.	MASS.		U.S.A.
	FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME	
	JEFFREY O'CO			RINE DALEY	
).	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) ((If yes give war or dates af service)	16. SOCIAL SECURITY NO. 17. II	FORMANT	Address	
Ç	NO	M	RS. PATRIC	CK WINSTON SAME	AS #2
1	IB. CAUSE OF DEATH (Enter only one cause per lin	ne far (a), (b), and (c).)			INTERVAL BETWEEN
ı	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	MYOCAI	RDIAL FAIL	JURE	ONSET AND DEATH
Ì	420.0 DUE TO				
Į	Conditions, if any, which gave ) (b) A]	RTERIOSCLEROTIO	HEART DI	ISEASE	
ı	rise to immediate cause (o), DUE TO				
1	last. (c)				
ŀ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	TING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ŀ					YES NO
I	20g. ACCIDENT WAS UNDERLYING ☐ 20	05. DESCRIBE HOW INJURY OCCURRED. (	Enter nature of injury in	Part I or Part II of item 1B.)	
1	OR CONTRIBUTING  CAUSE OF DEATH				
	(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Yeor	20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm	n. 20f. (City or town)	(Caunty) (State)
		While Not While foctor	ry, street, office bldg., etc.)	, con (en or term)	(5.2.0)
	p.m. 19 g	t wark 🗀 at work 🗀	7 12 1	0.64 . 1.07	10 CTAL A (1) ( . ) L
	21. I certify that (1) (this haspital) a saw the deceased alive an	iftended the deceased tram	donth assured at	7 A M from sources and si	the data stated above
١	saw the deceased dive an	1 = 2 0 1 67, and mai	dealli accorred ar		. DATE SIGNED
ı	220. SIGNATURE	Hattet M.C	ATTENDING PHYS.	MED. STAFF	1-27-67
ı	22c. PHYSICIAN'S	1 1 mil	PHYS. 52	DIRECTOR L PHYS. L	1-6/-0/
ı		HOTTEL, M.D.		NROE ST.N.E. WA	OH D C
	TIODDILL III				
30	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR (		23d. LOCATION (City or Town)	(County) (State)
	TOTITUTE TOTO	MT OLIVET		WASHINGTON,	
	I. FUNERAL DIRECTOR J. Glocila	ADDRESSWASH.	D. C. 2So. REC'I	BY REGISTRAR 1967 REGISTRAR	S SIGNATURE Judge
T	FRANCIS J. COLLINS 3	3821 14th. ST.	N. W DATE JA	TI TOCI UE VIA	

VR A15 (4) 20 M 1/66

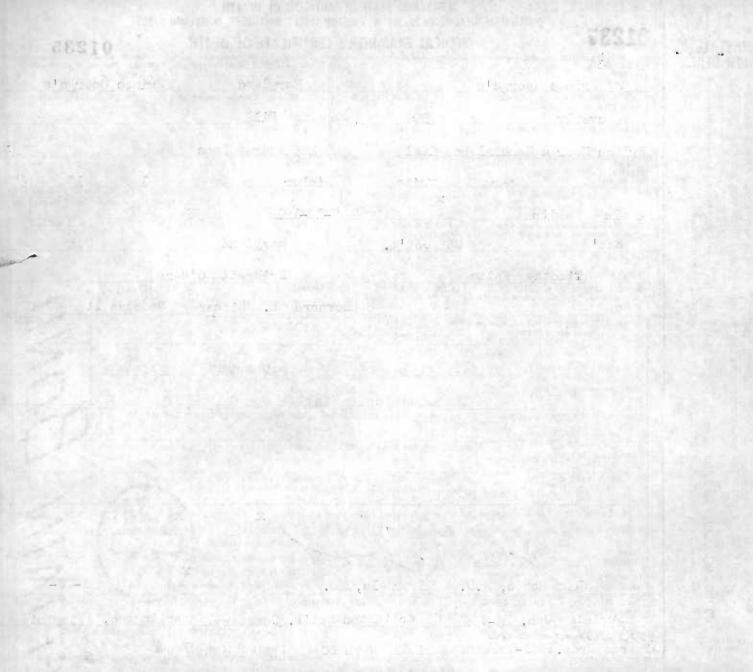
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remayal, and in any eyent, within 72 haurs after death



	-1(M)	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
6	FOR STATE	01237 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01235	
	HEALTH DEPT.	1. PLACE OF DEATH  2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission	)
	ny delay is 2, and 3 ta PM3. Page partment af	O. COUNTY Prince George's MARYLAND Maryland Prince George's	
	after death. If any delay is 3. Give Pages 1, 2, and 3 ta slang with farm PM3. Page with the State Department af	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)	
	an a	Cheverly DOA Oxon Hill	
	an)	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress)  d. STREET ADDRESS  e. IS RESIDE ON A FAR	NCE NCE
	hours after death. If a ltem 18. Give Pages 1, Office alang with farm and with the State Death.		10 🔀
	24 hours after death. in Item 18. Give Pages r's Office alang with feath of the State of the Sta	3. NAME OF First Middle Lost 4. DATE Month Doy Year	
	ve l	DECEASED OF (Type or print) Sara White Ricker DEATH 1 19 19	67
	ogie dith	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Months Doys Hours	24 HRS. Min.
	Fr. e 18	Female White WIDOWED DIVORCED 7-12-1916 50 yrs.	
	S P P P	100. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR lob. Lind of working life, even if retired)  12. CITIZEN OF WHAT COUNTRY?	
	in I in I ges ges after	Ret'd US Gov't. Maryland USA	
	hin 24 ncil in niner's pages urs afti	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	-
	with per Exam Exam File 2 hau	Timothy White Bridgett O'Hara	
	al E	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no of unknown) (If yes give wor or dates of service)  16. SOCIAL SECURITY NO.  17. INFORMANT  Address	
	executed within inding" in pencil Medical Examine permit. File pagwithin 72 haurs	No Bernard H. Ricker Same as Item #2	
	INER: This certificate shauld be executed within 24 hours at the certificate, writing the word "pending" in pencil in Item 18. shauld be farwarded to the Chief Medical Examiner's Office alt files.  3 shauld be used as a burial-transit permit. File pages (and print) in or remayal, and in any event within 72 haurs after death.	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DE	
	shauld be e ne word "per a the Chief : burial-transit	322, 2 IMMEDIATE CAUSE (o) FULLINGTIATY EXEMPLE	
	wor the urial-	(Conditions, if ony, which gove ) (b) Aspiration of gastric contents	
	the tate that the pure that the pure that the the the the the the the the the th	rise to immediate couse (a), ( DIE TO	
	ficate ting thrided rided as a and i	lost. (c) Intoxication - ethyl alcohol	
	This certificate shauld cate, writing the word be farwarded ta the Ch lbe used as a burial-transmooth, and in any every	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOF	PSY
	e, writ farwar raval,	YES X N	
	This icate be f	20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)	
	INER: The certifice should by files.  3 should by files.	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	
	EXAMINER: This certificate, wrigage 4 shauld be farwa yaur files. Page 3 shauld be used crematian, or remaval,		tate)
	CAM te th le 4 age ema	p.m. 17   atwork — of work —	
	MEDICAL EXA please execute director. Page estained far yau DIRECTOR: Page r to burial, crem	21. I certify that I taak charge of the remains described above, held an Autopsy 🛣 , Inspection 🛣 , Inquiry 🛣 , and in my a	pinian
4	MEDICAL lease exelease exelease exelease exelease exelease exelease exelease exelease exelease prince factors to burial,	death resulted fram: Natural gusses 🖾 Actident 🗐 / Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🗌	
	AED ease ease lirecting trains that the East trains that the East trains trains the East trains	ACTUAL   IGNED	
	Y N Pl	ACTUAL SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER	TOTAL
	sary sary Jer	EXAMINER'S NAME (Type) John Kehoe, M.D. / Riverdale, Md. Address (Street, city, town, or county) 1-20-67	
	TO DEPUTY MEDICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained far your TO FUNERAL DIRECTOR: Page Health prior to burial, crema	230. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Sto	ote)
	ひょもやちま	REMOVAL (Specify Jan. 23-1967 Arlington Nat'l, Cemetery Arlington, Virginia	A
		24 FUNCAL DIRECTOR 250. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE	
	VR A15ME (5) 6M 1/67	Simmons Bros. 1661-Good Hope Rd SE Wash DC MAIN 23 1967 Clearles Judge	
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- 1 (1)	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	01238 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01236	
delay is and 3 to and 3. Page HEALTH DELT.	1. PLACE OF DEATH o. COUNTY Prince George's  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admi o. STATE b. COUNTY Maryland Prince George c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town	Is
any delay is 2, and 3 ta n PM3. Page epartment af	Cheverly DOA Glenn Dale	
Jes 1, farm farm ate De	Prince George's Hospital Potomac Street YES	ESIDENCE A FARM? NO 🔯
fer dear Give Pag ang with th the St	DECEASED (Type or print)  Robert Earl Rickerson DEATH Jan, 1 1  S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 19. AGE (In years   IFUNDER ) YEAR   IF UNDER   IF UNDER ) YEAR   IF UNDER   IF U	
in 24 hours after death. If any delay is cil in Item 18. Give Pages 1, 2, and 3 ta ner's Office along with farm PM3. Page ages land 2 with the State Department of after death.	male white WIDOWED DIVORCED March 1, 1927 39 yrs.  100. USUAL OCCUPATION (Give kind of wark done during most of warking life, even if retired)  105. KIND OF BUSINESS OR II. BIRTHPLACE (State ar fareign cauntry)  106. KIND OF BUSINESS OR II. BIRTHPLACE (State ar fareign cauntry)  107. V. Sales & Ser. Oklahoma  118. BIRTHPLACE (State ar fareign cauntry)  119. USA	
within Z pencil ir xaminer's coges hours af	13. FATHER'S NAME  Oscar Rickerson  14. MOTHER'S MAIDEN NAME  Unknowen  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  Address	
MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If a please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm retained far your files.  **DIRECTOR: Page 3 shauld be used as a burial-transit permit flee ages I and 2 with the State Dear to burial, crematian, or remaval, and in any event within 7 backs after death.	(Yes, no, or unknown) (If yes, or or dates of service)  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (a), stoting the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19. WAS DECEASED FOR THE ADDRESS OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19. WAS ADDRESS OF THE ADDRESS OF THE PROPERTY OF THE PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19. WAS ADDRESS OF THE ADDRESS OF THE PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	BETWEEN ID DEATH
EXAMINER: This certificate, writing age 4 should be farwarded your files. Page 3 should be used as cremation, or removal, and	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  19. WAS A PERFO YES [23]  20a. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH.  20c. TIME OF INJURY Manth, Day, Year Haur a.m.  20d. INJURY OCCURRED While [] Not While [] Not While [] Yes (Caunty)  (Caunty)	RMED?
MEDICAL EXAMINER: Ilease execute the certi- director. Page 4 shauld etained far yaur files. DIRECTOR: Page 3 shaul ta burial, crematian, on	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, factory, street, office bldg., etc.)  21. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in m	(State) ny apinia
necessary, please executive fine funeral director. Pag 5 may be retained for 15 FUNERAL DIRECTOR: Peath prior to burial, or	death resulted from: Natural causes   Accident   Suicide   Hamicide   Undetermined manner	ate signed -2–67
TO DEPUTY, pressary, professory, professor	NAME (Type)   John Kehoe, M.D.   Address (Type)   John Kehoe, M.D.	(State)
VR A15ME (5) 6M 1/67	24. FUNERAL DIRECTOR  W.W. Chambers Co. Riverdale, Md.  250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE JAN 6 1967 Chambers June	ye.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01237 01239 death. by the funeral Pages 1 and 2 requires that the death certificate be executed within 24 haurs after death I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Prince Georges o. STATE b. COUNTY n please remave carban papers. Pages 1 val, and in any event, within 72 haurs after MARYLAND Marvland Prince Georges b. CITY OR TOWN (If autside carparote limits, write RURAL and give neorest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If gutside corparate limits, write RURAL and give nearest town) Cheverly 1 hr Landover filled in I d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE d. STREET ADDRESS ON A FARM Prince Georges General Hospital NO T 8305 Andmone Road 3. NAME OF DATE First ician and campletely f lease remave carban DECEASED Viola Rodi 11 DEATH (Type or print) Jan 9. AGE (In years 6. COLOR OR RACE B. DATE OF BIRTH 5 SFX 7. MARRIED NEVER MARRIED last birthday) Manths Days Hours WIDOWED DIVORCED White 25 May 1905 Female 11. BIRTHPLACE (County & State, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) INDUSTRY physician Leesburg, Virginia H/W. Housewife 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending phys Thomas McDonough unknown remov Marcelino H. Rodill, Landover Maryland 17. INFORMANT (Husband 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na. ar unknown) (If yes give war or dates af service) 0 no none burial, crematian, 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUF TO Conditions, if any, which gove rise to immediate cause (a). DUE TO stoting the underlying cause has been far use as the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) directar, page 3 should be detached far use should be filed with the State Dept. af Health YES X NO CO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20f. (City or tawn) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Nat While at wark at wark 21. I certify that (4) (this haspital) attended the deceased from Jan. 12, 1967, ta Jan. 12, 1967, that (4) (we) last saw the deceased alive on Jan. 12, 1967, and that death accurred of 50 AM, from causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING Jan. 12, 1967 PHYS. DIRECTOR M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S Prince George's General Hospital NAME (Type) Edwin Jensen. Cheverly, Maryland 23c. NAME OF CEMETERY OR CREMATORY
Arlington National 23d. LOCATION (City or Town) 23b. DATE THEREOF 1-16-67 (State) 23a. BURIAL, CREMNITORS Arlington, Virginia 25b. REGISTRAR'S SIGNATURE Hysong Fun. Home ADDRESS 2Sa. REC'D BY REGISTRAR 1300-N St. NW VR A15 (4) 20 M 1/66

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

## MARYLAND STATE DEPARTMENT OF HEALTH

01240	CERTIFICATE	OF DEATH		01238
PLACE OF DEATH o. COUNTY Prince George's	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived, if institutia d b. COUNT	n: Residence before admission) YPrince George
b. CITY OR TOWN (If autside carparate limits, write RUR (புது செருக் tawn)	c. LENGTH OF STAY IN 1b D.O.A.	c. CITY OR TOWN (If outside Hyattsv.	de carparate limits, write RURA ille	L and give nearest tawn)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital Prince George's Gene	l, give street address) eral Hospital	d. STREET ADDRESS 5607 37	th Ave.	e. IS RESIDENCE ON A FARM? YES NO
NAME OF First DECEASED (Type or print)  Katherine		lost	4. DATE Month OF DEATH Jan	Day Year 10 1967
SEX 6. COLOR OR RACE 7. MARRIE WIDOWE	D DIVORCED	3-1-23	9. AGE (In years last birthday) 49 yrs.	Manths Days Hours Mi
ing mast of warking life, even if retired)	KIND OF BUSINESS OR INDUSTRY Surance Co	11. BIRTHPLACE (County & S	on Al. C	12. CITIZEN OF WHAT COUNTRY?
Father's NAME of waterhol	ter	rocae /.	r. Firguss	n,
	1 / /	iron S. Roge	re Hyatte	ville Ind -
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		matosis		INTERVAL BETWEEN ONSET AND DEATH 7 M.O.S.
Canditians, if any, which gave ) (b)	Bilater	al ovarian	cateinoma crons cystad	145
rise to immediate cause (a), stating the underlying cause last.				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDI	TION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED. (	Enter nature af injury in Pai	rt I ar Part II af item 18.)	Ÿ
Haur a.m. Wh	ille Nat While facto	E OF INJURY (Hame, farm, ary, street, affice bldg., etc.)	20f. (City or town)	(Caunty) (State
21. I certify that (1) (this haspital) atte saw the deceosed alive on	ended the deceased from 19 <u>67</u> , and that	3-28 , 19 death accurred at <u>5</u>	66 , to 1-10 135p.M, fram causes a	nd an the date stated ab
220. Senne C Bataman	, mt M.D	. PHYS. 🔀 DI	ED. STAFF PHYS.	22b. DATE SIGNED 1-11-67
22c. PHYSICIAN'S NAME (Type) Jeanne C. Batema				Alexandria, V.
Burial, CREMATION, REMOVAL (Specify) Jan 13, 1967		even.	23d. LOCATION (City or Tow Wheaton M	intgonery ma
24. FUNERAL DIRECTOR Sons ) Aya	the rulle mol			istrar's signature Charles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. af Health priar to burial, crematian, ar removal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01241			CERTI	FICATE	OF DEAT	H				012	39	
1. PLACE OF DEATH o. COUNTY	o Cooperate		MAI	RYLAND	2. USUAL RESIDI			d lived, if institu b. Ol	rtion: Reside	Geor	e odmiss	ion)
b. CITY OR TOWN (	e George's	'S,	c. LENGTH OF STAY		c. CITY OR TOWN	(If out	side corporot					
write RURAL on Cheve	d give neorest town)	5 666	5 hour		Cora				9	16	. /	
	TAL OR INSTITUTION (If n	ot in hospital, a	nive street oddress)		d. STREET ADDRE	SS	1.2.5				e IS RES	DENCE
	George's Ger						treet				YES	FARM?
3. NAME OF	F	rst	Middle		Lost		4. DATE	Mor		Doy		109
(Type or print)	Jai	nes	F.		Rother	nber	g DEATH	Jan	uary :			67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED B	. DATE OF BIRTH		9.	AGE (In years lost pirthdoy)	IF UNDER	RIYEAR		
Male	White	WIDOWED	DIVORC	ED 🔲	7/24/	1912		54 yrs.	MUIIIIIS	Doys	Hours	Min.
10o. USUAL OCCUPATION during most of working Manager	N (Give kind of work done	Del 10b. KI	ND OF BUSINESS OR DUSTRY icatessen	Store	11. BIRTHPLACE (			eign country)		ITIZEN OI OUNTRY?		
13. FATHER'S NAME					14. MOTHER'S M.	AIDEN N.	AME					
Uknow	m				Unknow	n						
IS. WAS DECEASED EVE	ER IN U.S. ARMED FORCES? (If yes give wor or dotes	of service) 16.	SOCIAL SECURITY NO.		othy A. I		enber	Add g ( Wife		Same	e as	
Conditions, if ony rise to immediat stoting the under last.	r, which gove te couse (o),	10 righ	nt thrombo		ion							
PART II. OTHER SI	IGNIFICANT CONDITIONS	CONTRIBUTING 1	TO DEATH BUT NOT R	ELATED TO T	HE TERMINAL DISEA	ASE CONE	OITION GIVEN	IN PART I(o)			WAS AUT PERFORM ES X	TOPSY MED? NO
	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY	OCCURRED. (	Enter noture of in	ury in P	ort I or Port	Il of item 1B.)				
р.	m. 19	While of world	c ot work	focto	E OF INJURY (Homory, street, office bld	lg., etc.)		(City or town)		ounty)		(Stote)
	<b>ify</b> that (1) (this ha leceased alive an_		ded the deceased	d fram and that	1/16 death accurre		:25 M		and an		e state	
22o. SIGNATURE	Edung	-Jei	Len	M.D			MED. DIRECTOR	STAFF D	22b.	DATE SIGN	IED	
22c. PHYSICIAN'S NAME (Type		Jensen			22d. ADDRES		eorge	's Gene	ral H	opsi	tal	
230. BURIAL, CREMATI REMOVAL (Specify Burial			23c. NAME OF CER		tional C	emet	ery -	Arling	ton ;	(County Virg	gini	(Stote) B.
24. FUNERAL DIRECTO	The same of the sa	d. Hope	ADDRESS Rd. SE.		250	REC'D	BY REGISTRA	1967 P	REGISTRAR'S	SIGNATUI	RE	

VR A15 (4) 20 M 1/66

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

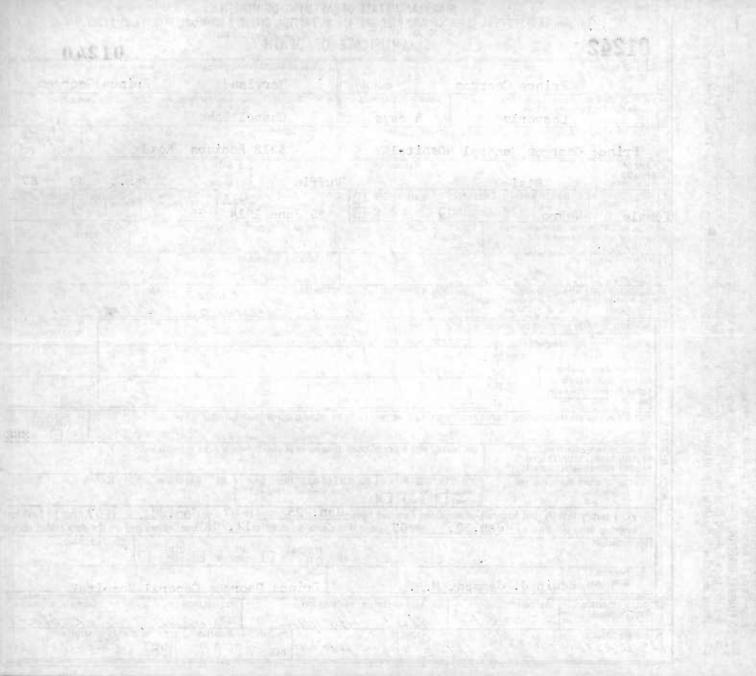
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

OF DEATH CERTIFICATE 01242 attending physician and campletely filled in by the funeral permit. Then please remave carban papers, Pages 1 and 1 and in an event, within 72 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Prince Georges a. COUNTY Maryland Prince Georges MARYLAND ertiticate be executed within 24 haurs after b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give negrest town) write RURAL and give nearest tawn) 5 days Chapel Oaks Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 5313 Addison Prince Georges General HOspital Road YES NO 3. NAME OF First Middle Last 4. DATE Month Doy Year DECEASED Ruffin (Type ar print) Elsie Jan. . 30 19 67 DEATH 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED 1911 last birthday) WIDOWED DIVORCED 25 June 1914 Female Negro 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast of warking life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. requires that the death Nicce (Yes, na, ar unknown) (If yes give war or dates of service 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) INTERVAL BETWEEN burial-transit PART I, DEATH WAS CAUSED BY: ONSET AND DEATH erebralHemorrha IMMEDIATE CAUSE (a) the haspital or attending physician. DHE TO signed 1 Conditions, if ony, which gave rise to immediate couse (a). DUE TO stoting the underlying couse this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) (State) Haur o.m. factory, street, affice bldg., etc.) Not While at wark at wark O FUNERAL DIRECTOR: After be retained by 21. I certify that M (this haspital) attended the deceased fram Jan. 25 1967 to Jan, 30, . 19 67, that (I) (we) last saw the deceased alive an Jan. 30, 1967, and that death accurred at 12,20 M Mram causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED DIRECTOR director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Edwin J. Jensen. Prince Georges General Hospital M.D. 230. BURIAN, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City.or Tawn) 23b. DATE THEREOF (State) REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR. 2So. REC'D BY REGISTRAR Munices

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01243 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 01241 HEALTH DEPT 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY any delay is 1, 2, and 3 to n PM3. Page Maryland Prince George's Prince George's MARYLAND ges I and 2 with the State Department b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Friendly Cheverly DOA d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? This certificate should be executed within 24 hours ofter death. If a icate, writing the word "pending" in pencil in Item 18. Give Pages 1, 'be forwarded to the Chief Medical Examiner's Office along with form YES NO [ Prince George General Hospital 7170 Fort Foote Road NAME OF Middle 4. DATE Month Year DECEASED Russell DEATH (Type or print) Marie IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs ofter death. WIDOWED DIVORCED 3-26-1896 White Female 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT 10b, KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) INDUSTRY GOV. Maryland Retired 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME hours Mary A. Cavanaugh Unknown 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1208- Jackson Ave. (Yes, no, or unknown) (If yes give wor or dotes of service) ie certificate, writing the word "pending" should be forwarded to the Chief Medical William F. Langley Takoma Park, Maryland within No INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) buriol-transit PART I. DEATH WAS CAUSED BY: event IMMEDIATE CAUSE (a) Heart failure DUE TO Hypertensive arteriosclerotic heart disease over 1 yr. ony Conditions, if ony, which gove rise to immediate couse (a), = DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? 3 should be used PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) removol, NO IC 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 1B.) PRIMARY Or CONTRIBUTING 0 MEDICAL EXAMINER: CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED (County) foctory, street, office bldg., etc.) moy be retained for your FUNERAL DIRECTOR: Page of work ot work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection x Inquiry & ond in my opinion deoth resulted from: Notura Couses X, Accident , Suicide . Homicide Undetermined monner funeral director. CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE DEPUTY MEDICAL EXAMINER 1-2-67 **EXAMINER'S** Kehoe, M.D. Riverdale, Md. John 5 moy FO FUNE Heolth Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) 23o. BURIAL, CREMATION, Cremation Suitland. Maryland Jan. 5-67 Cedar Hill Crematory 256 REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5) 6M 1/67 Simmons Brothers 1661-Gd. Hope Rd. SE. Wash. DC DATE

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tems 18&21 Film 387 4-1MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01244 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAYE 01242 HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admissional o COUNTY 2, ond 3 to PM3. Poge o. STATE Prince George's and 2 with the Stote Deportment of Prince George's Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) E LENGTH OF STAY IN 16 Cheverly DOA Seabrook d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Item 18. Give Poges I, Office along with form 5417 Ellerbie Street NO IX YES Prince George General Hospital be executed within 24 hours ofter deoth. 4. OATE NAME OF Lost Month Year DECEASED Sanders DEATH (Type or print) Evel vn Virginia 9. AGF (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours deoth. WIDOWED DIVORCED White 9-30-19/12 Female 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
HOUSEWIFE SECT INDUSTRY COUNTRY? Public WEST- VIRGINGIA RONDS 13. FATHER'S NAME pencil word "pending" in pencil i the Chief Medical Exoming 14. MOTHER'S MAIDEN NAME COLE BANK MARTIN RUTH UESTA 17. INFORMANT within 72 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO SEE IT 2 ABCD buriol-tronsit permit. (Yes, no, or unknown) (If yes give wor or dotes of service) H. SANDERS 232-68-368 LESLIE 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN event PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Cerebral thrombosis IMMEDIATE CAUSE (o) \_ This certificate should writing the word DUF TO in ony Conditions, if ony, which gove Cause undetermined rise to immediate cause (a), be forwarded ta DUF TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? cremotion, or removol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) please execute the certificate, NO 2Do. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) should ! PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2Df. (City or town) (County) (Stote) foctory, street, office bldg., etc.) 5 may be retained for your o FUNERAL DIRECTOR: Page ot work ot work 21. I certify that I took charge of the remains described above, held an Autopsy \(\overline{\text{X}}\), Inspection \(\overline{\text{X}}\). Inquiry \(\overline{\text{X}}\), ond in my opinion deoth resulted from: Natural sepses 30. Accident 17. Suicide . Homicide . Undetermined monner funerol director. CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Heolth prior DEPUTY MEDICAL EXAMINER **EXAMINER'S** Riverdale, Md. 1-2-67 NAME (Type) John/Kehoe, M.D. Address (Street, city, town, or county) 230. BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) DENVER CEMETERY DENVER u. 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) Ochanles 6M 1/67 CHAMBER 3 RIVERDALE

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FOR STATE		01245 Items #11		ICAL EXAMINER'S				013	243
HEALTH DEPT.		PLACE OF DEATH o. COUNTY		MARYLAND	2. USUAL RESIDENCE a. STATE Marylan		eased lived, if institution b. COUN	an: Residence I	
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farm F feb 6		d. NAME OF HOSPITAL OR INSTITUTION (If not in h Prince George's Genera			d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO 3
14 hours after death. If any delay is riten 18. Give Pages 1, 2, and 3 ta softie alang with farm PM3. Page I and 2 with the State Department of ter death.	3.	NAME OF First DECEASED (Type or print) Marvin		Middle	Lost Sanders	4. DATI OF DEA	Manti TH 1		Day Year 1 19 67
18. Gi e alange 2 with ath.		Male Negro W	IDOWED	NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH  2 April 18		9. AGE (In years last birthday) 76 yrs.		ays Hours Min.
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id be executed within 24 hours or "pending" in pencil in Tien 18 Chief Medical Examine s Office of transit permit. File pages land 2 vevent within 72 haurs after death		18. CAUSE OF DEATH (Enter anly ane cause pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Hear	t failure					INTERVAL BETWEEN ONSET AND DEATH MINUTES
EPUTY MEDICAL EXAMINER: This certificate shauld be executed within Sessary, please execute the certificate, writing the ward "pending" in pencil funeral director. Page 4 shauld be farwarded to the Chief Medical Examined by be retained for your files.  NERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File page the priar to burial, cremation, ar removal, and in any event within 72 haurs at		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause (c) (c)	Arte	riosclerotic h	neart disea	se		b'	ver 10 yrs.
his certif ate, writi e farwan be used emoval, c	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING 1	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE	CONDITION G	IVEN IN PART 1(a)		19. WAS AUTOPSY PERFORMED? YES NO
prcal Examiner: This certificate, write e execute the certificate, writtar. Page 4 shauld be farwalled for your files.  ECTOR: Page 3 shauld be used burial, crematian, ar removal,	A CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	1	SCRIBE HOW INJURY OCCURRED					
L EXAMINER: secute the certi Page 4 shault for your files. R: Page 3 shau al, cremation, a	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur o.m. p.m. 19	While at war	Nat While at wark	ACE OF INJURY (Hame, ctary, street, affice bldg.,	etc.)		(Count	
DEPUTY MEDICAL EXAM seessary, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page	1	21. I certify that I took charge of death resulted from: Natural ca			icide 🔲, Hamic	ide 🔲,	Undetermined me	· house	and in my apinion
/, pleas /, pleas ral dire e retain		ACTUAL SIGNATURE	7/	) ela	M.D. ASSISTANT	CAL EXAMINEI MEDICAL EXAM DICAL EXAMIN	AINER 🔲		22. DATE SIGNED
TO DEPUTY MEDINESSARY, please the funeral direct 5 may be retaine TO FUNERAL DIRECT Health priar ta b	230	BURIAL CREMATION. 23b. DATE THEREOF	1.D.	Riverdale, Mo	Address (St	reet, city, tov	n, ar county)  LOCATION (City or Tay	vn) 1 (Co	1-2-67 (State)
0	1	Symular Specific 166	6 Breun	Sincilar (	conetery 25gg	EC'D BY REGI	sertlas STRAR 25b. RE	GISTRAR'S SIGN	IATURE .
VR A15ME (5) 6M 1/67	4	Loudon T. Boy I	7	52282	SE BATE	JAN 9	1967	Hoy	les judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01246 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 01244 HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY any delay is 1, 2, and 3 to n PM3. Page a. STATE b. COUNTY 10 Prince George's Prince George's MARYLAND Maryland e pages 1 and 2 with the State Department b. CITY OR TOWN (If autside carparate limits. c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) Chapel Oaks Cheverly DOA d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? n pencil in Item 18. Give Pages 1, Examiner's Office along with form 1500 Oak Street Prince George's General Hospital YFS NO X This certificate should be executed within 24 hours ofter death. NAME OF Middle 4. DATE Last Manth Day Year DECEASED OF DEATH 1967 Sanders (Type ar print) Sammy Lav S SFX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** 8. DATE OF BIRTH last birthday) Manths Days Haurs after death WIDOWED DIVORCED June 9, 1938 male Negro 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) LABORER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME known Sanders .⊆ IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT f6. SOCIAL SECURITY NO. 4 shauld be forwarded to the Chief Medical (Yes, na, ar unknawn) (If yes give war ar dates af service) 2412 Elvans Rd. SE. within Delones Sanders None 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN buriol-tronsit event PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia writing the word ony Canditians, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause 0 puo PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY removol, PERFORMED? YES X NO 20g. EXTERNAL CAUSE WAS 3 should ! 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) PRIMARY ar CONTRIBUTING 0 MEDICAL EXAMINER: CAUSE OF DEATH. cremotion, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm. (City or town) (County) (State) Haur a.m. factory, street, affice bldg., etc.) at wark at wark 21. I certify that I took charge of the remains described above, held on Autopsy [X], Inspection X Inquiry X ond in my opinion may be retoined for FUNERAL DIRECTOR: deoth resulted from: Notural couses To funeral director. Accident Suicide [ Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE 1-2-67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** ro FUNE Health NAME (Type), John Address (Street, city, tawn, ar caunty) Riverdale. the 230. BURIAL CREMATION DATE THEREOF 23d. LOCATION (City or Town) (Caunty) REMOVAL (Specify) 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE S. Washington VR A15ME (5) JAN 9 6M 1/67 DATE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01247 CERTIFICATE OF DEATH 01245 deoth. be executed within 24 hours after deoth signed by the ottending ethysician ond campletely filled in by the funeral burial-transit permit. Then pleose remave corbon papers. Poges I ond burial, cremotion, or remaval, ond in any event, within 72 haurs after deot 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. STATEMARY Land a. COUNTY b. COUNTY Prince Georges MARYLAND b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b For estville Hillcrest Heights d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 5510 22nd Avenue Regent Nursing Home YES NO T 3. NAME OF Middle DATE First Doy Year DECEASED 30 19 6% (Type or print) DEATH IF UNDER 1 YEAR 9. AGE (In years IF UNDER 24 HRS. S. SEX NEVER MARRIED DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED last birthdoy) Months Dovs Hours white female WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Retired Buyer-COUNTRY? A Julius Washington.D.C. inckel ate Dept. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Store ottending pr., Sarah Mannakee Charles Sanford 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, or unknown) (If yes give war ar dates of service) 578-07-0671 Helen T. Hughes (same as #2 no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Poge 4 may be retoined by the hospital ar ottending physicion. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse as the O FUNERAL DIRECTOR: After this certificate hos been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) of Health p CERTIFICATION NO 10 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Hour o.m. While Not While factory, street, office bldg., etc.) of work at wark 21. I certify that (1) (this hospital) attended the deceased fram\_\_\_\_ , 1967, to\_ 1-30, 1967, that (1) (we) last - 30 saw the deceased alive an 1- 36 1967, and that death accurred at 105% M, fram causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING M.D. director, page should be filed 22d. ADDRESS 20028 22c. PHYSICIAN'S NAME (Type) 6400 MAD 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23g. BURIAL CREMATION. REMOVAL (Specify) Glenwood Gemeterv Washington. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66

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## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

## MEDICAL EYAMINED'S CEDTIFICATE OF DEATH

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TH DEPT.		PLACE OF DEATH		,			2. USUAL RES	IDENCE (Whe	ere deceased	lived, if institu		nce befor	e odmissio	n) /
s. Page nent af death.	-	o. COUNTY	Prince G		MARY	LAND	o. STATE	New J	ersey	b. COU	INTY	Unio	n	
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ERA		EXAMINER'S	John A	Kehoe					EXAMINER 🏂		J	an.	3rd l	901
NE SE	230	NAME (Type)  BURIAL, CREMATIO			23c. NAME OF CEME	TERY OR		ess (Sireer, C		TION (City or To	own)	(County	) (51	tote)
TO FUNERAL DIRECTOR: P. Health or its designated	-	REMOVAL (Specify)	Jan. 5		Ever Gre			100		beth.		` '	,	
	24	FUNERAL DIRECTO		3701	ADDRESS				Y REGISTRAR	2Sb. R	FGISTRAR'S	SIGNATULE	1	141
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01249 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Prince George MARYLAND Maryland Baltimore b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville hours Baltimore 21228 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 2200 Powers Lane Prince George General NO A YES 3. NAME OF First Middle Lost 4. DATE Month Year DECEASED 19 67 Charles H Schalub Jan. (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years birthdoy) Months 8-3-12 Dovs Hours Male White WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Race COUNTRY? Baltimore Co., Marvland Mutuel clerk tracks 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Charles Francis Schaub Rose May Dressler WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Catonsville, Address Md. 21228 (Yes, no, or unknown) (If yes give wor or dotes of service Mrs. Margaret G. Schaub 2200 Posers Lane 212-01-1221 World war 2 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond. (c),) PART I. DEATH WAS CAUSED BY ONSET AND DEATH Memorkhage IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove (b) rise to immediate couse (a). DUF TO stoting the underlying couse last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)

YES NO 20o. ACCIDENT WAS UNDERLYING . 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m.

at work

foctory, street, office bldg., etc.)

(Stote)

. 19 . ta 21. I certify that (I) (this hospital) attended the deceosed from 19\_\_\_, that (I) (we) last saw the deceased alive on 1967, and that death occurred at 7 P.M. fram causes and on the date stated above. Jan 7 22o. SIGNATURE 22b. DATE SIGNED

22c. PHYSICIAN'S NAME (Type) J. A. Garcia M.D

ADDRESS Prince George Hospital Cheverly.

DIRECTOR

STAFF PHYS.

23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF

23d. LOCATION (City or Town)

Baltimore, Maryland 2Sb. REGISTRAR'S SIGNATURE

REMOVAL (Specify) Baltimore National Cem. 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR

law requires that the death certificate be executed within 24 hours after death ond completely filled in by the funeral remove carbon papers. Pages 1 and within 72 permi signed by the buriol-tronsit by the hospital or ottending physician. os the has been this certificate be retoined director, page should be filed

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MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH

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	PLACE OF DEATH o. COUNTY Prince Georges	MARYLAND	O STATE	h (O	UNIY .	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Cheverly	c. LENGTH OF STAY IN 16			URAL ond give neor	est town)
		DE DEATH  ITY Prince Georges  MARYLAND  OR TOWN (If outside corporate limits, or LENGTH OF STAY IN 1b and a substitution of the country of th	e. IS RESIDENCE ON A FARM? YES NO			
3.				4. DATE Mo	onth Do	
	(Type or print) Helen			DEATH Ja	IF UNDER 1 YEAR	
0				79 87 yrs.		
lur	ing most of working life, even if retired IN	DUSTRY	FREDER.	ick MD	COUNTR)	OF WHAT
13.	JOHN D WRIGH	47			INGER	
IS. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or upknown) (If yes give wor or dotes of service)	50CIAL SECURITY NO. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17	NFORMANT HELENI	Peole Land	19ess - 75 =	ave
	PART I. DEATH WAS CAUSED BY:		ufficiency			NTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:  HMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove )	pronary lus	11	frait Direase	C	
	PART I. DEATH WAS CAUSED BY:  HAD IMMEDIATE CAUSE (o)  Conditions, if any, which gove pice to immediate cause (o)  (b)	orinary dus	11	frait Direcce	C	
ATION	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove inse to immediate cause (o), stating the underlying cause lost.  (c)	ornary aleric Premanence	oselnoke /		9	
L CERTIFICATION	PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (o)	Orinary dus Ormany arterio Phumonia TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)	9	9. WAS AUTOPSY PERFORMED?
MEDICAL CERTIFICATION	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove isse to immediate cause (o), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year While Countributions Contributions CON	Primary allerice Primary arterice Primary arterice Primary orderice Scribe How Injury Occurred.  Not While fort	THE TERMINAL DISEASE CON (Enter noture of injury in f	DITION GIVEN IN PART 1(o) Port I or Port II of item 18.)	2	9. WAS AUTOPSY PERFORMED?
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove nise to immediate cause (o), stating the underlying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year Hour o.m.  p.m.  19  21. I certify that (i) (this haspital) attents aw the deceased alive an	Phumonic  O DEATH BUT NOT RELATED TO  SCRIBE HOW INJURY OCCURRED.  NJURY OCCURRED 20e. PLA  foct  while of two deceased from	THE TERMINAL DISEASE CON (Enter noture of injury in F	DITION GIVEN IN PART 1(o)  Port I or Port II of item 18.)  20f. (City or town)	(County)	9. WAS AUTOPSY PERFORMED? YES NO [  (Stote)
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove nise to immediate cause (o), stating the underlying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour o.m.  p.m.  19  21. I certify that (I) (this haspital) attentions contributions.	Phumonic  O DEATH BUT NOT RELATED TO  SCRIBE HOW INJURY OCCURRED.  NJURY OCCURRED 20e. PLA  foct  while of two deceased from	THE TERMINAL DISEASE CON (Enter noture of injury in Fi  CE OF INJURY (Home, form ory, street, office bldg., etc.)  1 death accurred at ATTENDING	DITION GIVEN IN PART 1(o)  Port I or Port II of item 18.)  20f. (City or town)	(County)	9. WAS AUTOPSY PERFORMED? YES NO (Stote)  that (I) (we) is ate stated aba

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REC'D BY REGISTRAR

REGISTRAR'S

2Sb. 967

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after dealthing the content of the conten Page 4 may be retained by the haspital ar attending physician.

24. FUNERAL DIRECTOR

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01253 CERTIFICATE OF DEATH death requires that the death certificate be executed within 24 haurs after death and campletely filled in by the funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o COUNTY Prince Georges County o. STATE b. COUNTY MARYLAND Maryland Prince Georges c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn)
Cheverly Laure 1 10 days d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1023 7th Street Prince Georges General Hospital YES NO X NAME OF Middle 4. DATE SISSONLOST Day Year DECEASED OF (Type or print) DEATH January 19 IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years last birthday) Months Days Hours WIDOWED Jan.31,1879 DIVORCED Male White 97 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during mast af warking life, even if retired) HNDUSTRÝ COUNTRY? airen 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service 18. CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Massive IMMEDIATE CAUSE (o) DUE TO signed l Bonary Conditions, if any, which gave rise to immediate cause (a). DUE TO stoting the underlying couse Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? far use Health p YES THE NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter pature of injury in Part I or Part II of item 19:5) (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, 20f. (City or town) 20c. TIME OF INJURY Manth, Doy, Year (County) (State) Hour a.m foctory, street, affice bldg., etc.) Not While at work at wark 21. I certify that (I) (this hospital) attended the deceased from Jan. 9, 1967, to Jan. 19, 1967, that (I) (we) lost saw the deceased alive an Jan. 19, , and that death occurred at 6 A M, from couses and an the date stated obove. 1967 220. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Prince Georges General Hospital Farzin 23a. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR Ochenilas

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 01254 01252 HEALTH DEPT. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o COUNTY o STATE b. COUNTY I and 2 with the State Department af Prince George's MARYLAND Marvland Prince George's c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Capitol Heights Chever v DOA d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ammer's Office alang with farm ON A FARM? NO For YES 6226 Kingston Road Prince George General Hospital This certificate shauld be executed within 24 haurs after death. NAME OF Middle Last 4. DATE Month Day Year DECEASED OF 1967 Smith DEATH (Type or print) Forest IF UNDER 1 YEAR 9. AGE (In years IF UNDER 24 HRS S. SEX DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs after death WIDOWED DIVORCED 7-13-1903 White 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) INDUSTRY GIANT FOODS TRUCK 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME haurs 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. .= 72 (Yes, ng, or unknown) (If yes give wor or dotes of service) e certificate, writing the ward "pending" is shauld be forwarded to the Chief Medical UNKNOWN within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: event IMMEDIATE CAUSE (0) Right coronary thrombosis Arteriosclerotic heart disease unlmown Conditions, if ony, which gove rise to immediate cause (o). = DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? ar removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES T NO 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port 11 of item 18.) PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH. crematian, (City or town) (County) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Dov. Year foctory, street, office bldg., etc.) Hour o.m. Not While may be retained far yaur FUNERAL DIRECTOR: Page ot work ot work Inspection oc. 21. I certify that I taak charge of the remains described above, held on Autopsy [x], Inquiry x and in my opinion the funeral directar. Suicide 1 Homicide deoth resulted from: Notural pages X. Undetermined monner Accident CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER 1-20-67 Riverdale, Md. 5 may to FUNER Health NAME (Type) John Kehoe. Address (Street, city, town, or county) 230. BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR VR A15ME (5)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01255 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY o. STATE delay is and 3 to P.M.3. Page and 2 with the State Department of Prince George's
b. CITY OR TOWN (If outside corporate limits, Maryland Prince George's
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 1b. write RURAL and give nearest town) Upper Marlboro d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Office alang with farm in Item 18. Give Pages Dowerhouse Rd. YES NO Prince George General Hospital be executed within 24 haurs after death. 3. NAME OF Lost 4. DATE Year DECEASED Katie (Type or print) Rebecca Spencer DEATH IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Doys Hours after death WIDOWED DIVORCED Female Negro

100. USUAL OCCUPATION (Give kind of work done 7 Feb. 1891 75 yrs. 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY COUNTRY? Maryland commer's Housewife Vone 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME pencil John Hawkins Lillian Marshall .⊆ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT . 72 16. SOCIAL SECURITY NO. R.F.D 44329 permit. Chief Medical (Yes, no, or unknown) (If yes give wor or dotes of service) event within 215-54-5197 Asbury Smith Upper Marlboro, Md. No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN minutes IMMEDIATE CAUSE (6) Heart failure This certificate shauld writing the ward DUE TO Arteriosclerotic heart disease over the any Conditions, if ony, which gove rise to immediate couse (o), shauld be farwarded ta 2 DUE TO 0 stoting the underlying couse and 00 be used 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) removal, PERFORMED? the certificate, NO + Diabetes mellitus - over 5 years. 20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should 0 CAUSE OF DEATH. files. crematian, MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) YOUR FUNERAL DIRECTOR: Page of work ot work please execute 21. I certify that I took charge of the remains described above, held on Autopsy \(\bigcap\_{\text{,}}\) Inspection , Inquiry , may be retained far ond in my opinion Undetermined manner the funeral directar. deoth resulted from: Natural causes X, Accident/ Suicide . Homicide CHIEF MEDICAL EXAMINER Health priar ta ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE M.D. DEPUTY MEDICAL EXAMINER **EXAMINER'S** Kehoe, M.D. John Riverdale. Mdddress (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b DATE THEREOF 50 REMOVAL (Specify)
Burial St. Luke's Church Cem. Upper Marlboro, Md. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** VR A15ME (5) 6M 1/67 Home, Inc. 4339 Hunt NPE DATE AN 1967

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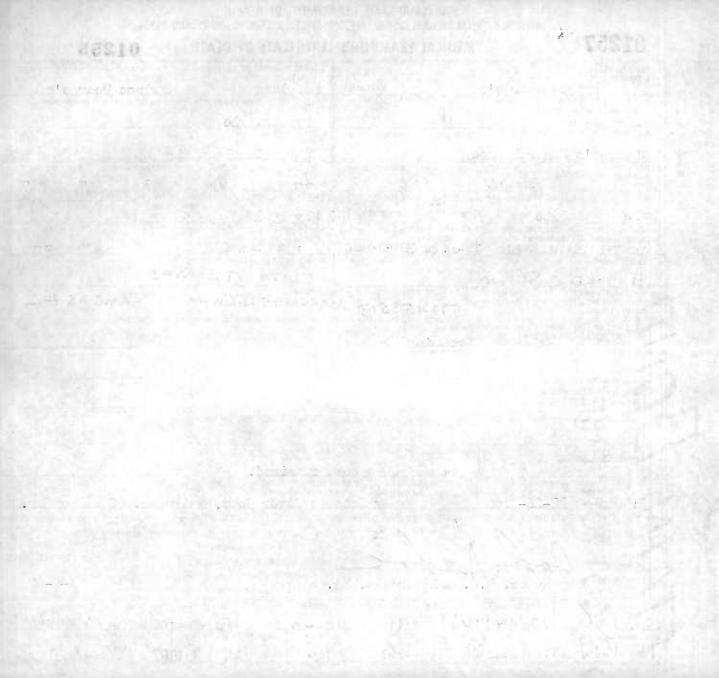
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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01257 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01255 FOR STATE HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o COUNTY o. STATE h COHNTY delay is and 3 ta A3. Page Prince George's Maryland Prince George's MARYLAND and 2 with the State Department b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) 2, and PM3. F Riverdale Hvattsville DOA e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS Office alang with farm Chamber's Funeral Home Nicholson Street YES NO ST be executed within 24 haurs ofter death. 4. DATE NAME OF Lost Doy Year DECEASED Lamont Swim DEATH 1967 IF LINDER 24 HRS IF LINDER 1 YEAR S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Months Days Hours death. WIDOWED DIVORCED Male White May 1941 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY ROUTE SALESMAN ROCK CR BOTTLING GO \_\_\_ CANADA CANADA 4 shauld be farwarded to the Chief Medical Examination 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pencil THOMAS FDITH File HAROLD 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. SAME AS #2 MARGARET L. SWIM (Yes, no, or unknown) (If yes give wor or dotes of service) 577455517 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH event Drowning IMMEDIATE CAUSE (o). This certificate shauld writing the word DHE TO Conditions, if ony, which gove dny rise to immediate couse (a). = DUE TO stoting the underlying couse ar remaval, and be used as 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO X 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld PRIMARY For CONTRIBUTING CAUSE OF DEATH. Drowned when boat capsized. 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page Not While 3:300m p.m. 12-26- 1966 otwork otwork Potomac River Cove, tmile so, of Wilson Br. 21. I certify that I took charge of the remains described above, held on Autopsy Inspection , Inquiry , and in my opinion deoth resulted fram: Natural causes Suicide Hamicide Undetermined manner Accident |x funeral directar. CHIEF MEDICAL EXAMINER ACTUAL 5 mu, TO FUNERA. Health prior tr 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** DEPUTY MEDICAL EXAMINER John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23b. DATE THEREOF MARYLAND BLADENSBURG-250. REC'D BY REGISTRAR 25b. REGISTRAR FORT 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01258 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01256 HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE o. COUNTY b. COUNTY any delay is 1, 2, and 3 ta n PM3. Page vith the State Department af Prince George's Prince George's MARYLAND Maryland CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b davs Landover Hills Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? alang with farm 4740 68th, Place This certificate should be executed within 24 hours after death. It is writing the ward "bending" in pencil in Item 18. Give Pages Prince George General Hospital YES NO Ed NAME OF lost 4 DATE Year DECEASED 1967 (Type or print) Swope DEATH George 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Months Days Hours WIDOWED DIVORCED 12-2-1926 White Office Male 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR INDUSTRY Washington.D.C. ward "pending" in pencil in the Chief Medical Examiner's within 72 haurs after permit. File pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George A. Swope Virgie E. Bowman 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 2820- Erie StAddreS.E. (Yes, no, or unknown) (If yes give wor or dotes of service) 579326819 Donald A. Swope-Bro. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH any event IMMEDIATE CAUSE (a) Laceration of brain please execute the certificate, writing the ward director. Page 4 shauld be farwarded to the Ch DUE TO Skull fractures 4 days Conditions, if ony, which gove rise to immediate cause (o), C DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? ar remaval, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES TO NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 3 shauld PRIMARY OF CONTRIBUTING CAUSE OF DEATH Fell off bicycle crematian. MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or lown) (County) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. foctory, street, office bldg., etc.) While Not While 5 may be retained far yaur Page 4 5:30pm p.m. 1-5of work of work 67th. & Ingraham Sts., Riverdale, Md 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection [X], Inquiry X, and in my opinion priar to burial, Natural causes Accident X Undetermined manner death resulted fram: Suicide Homicide funeral directar. CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 1-10-67 Kehoe, M.D. Riverdale, Md. Health I NAME (Type) John Address (Street, city, town, or county) 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, (County) 1-12-67 Fort Lincoln Cem. Colmor Manor, Md. 24. FUNERAL DIRECTOR
Lee Funeral Home 300-4th St. N.E. Wash. 2So. REC'D BY REGISTRAR 25b. REGISTERAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5) 6M 1/67

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01259 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 01257 HEALTH DEPT: 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY o. STATE b. COUNTY any delay is 1, 2, and 3 ta n PM3. Page Prince George's MARYLAND Maryland Prince George's land 2 with the State Department b. CITY OR TDWN (If outside corporate limits, c. LENGTH DE STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neorest town) Riverdale DOA Hvattsville d. NAME OF HDSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Item 18. Give Pages 1, Office along with farm 5302 Hamilton Street Leland Memorial Hospital NAME OF Middle 4. DATE DECEASED (Type or print) Estelle DEATH Mav Sykes S. SEX 9. AGE (In years 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) 72 haurs after death WIDOWED TO DIVORCED Female White March 1892 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) **INDUSTRY** Maryland be executed within 24 own home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME James N. Trail File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT the Chief Medical (Yes, no, or unknown) (If yes give wor or dotes of service) 577 20 3617 Wm C Trigger Hyattsville, Md. within no 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: burial-transit event IMMEDIATE CAUSE (6) Heart failure writing the word This certificate shauld DUE TO Arteriosclerotic heart disease any Canditians, if any, which gave 4 shauld be farwarded ta rise to immediate cause (a), .= DUF TO 0 stoting the underlying couse and go be used remaval, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION execute the certificate, Osteomyelites of right tibia - over 20 years. 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HDW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld PRIMARY OF CONTRIBUTING 10 CAUSE OF DEATH crematian, MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Dov. Year Hour o.m. foctory, street, office bldg., etc.) Not While may be retained far yaur FUNERAL DIRECTOR: Page of work ot work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection , Inquiry the funeral directar. death resulted from: ANatural Lauses X Auddent Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER prior SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Kehoe, M.D. Riverdale, Md. Health NAME (Type) Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town)

Jan23, 1967

Ft Lincoln Cemetery

ADDRESS

Hyattsville, Md.

e. IS RESIDENCE ON A FARM?

YES NO X

Year

IF UNDER 24 HRS

19 67

Hours

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY

PERFORMED?

and in my opinion

22. DATE SIGNED

(Stote)

Md.

1-20-67

(County)

Colmar Manor Pro Geo

2So. REC'D BY REGISTRAR

NO

(Stote)

unknown

Doy

12. CITIZEN OF WHAT

U COUNTRY?

(County)

IF UNDER 1 YEAR

Months

VR A15ME (5) 6M 1/67

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REMOVAL (Specify)

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Burial

24. FUNERAL DIRECTOR

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01260 CERTIFICATE OF DEATH 01258 requires that the death certificate be executed within 24 haurs after death. death funeral s 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Maryland and in any event, within 72 haurs after c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) Mt.Rainier in by dav please remave carban papers. e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS completely filled 3421 Newton YES NO X NAME OF 4. DATE Month Last Day Year DECEASED OF 1967 HOIMA DEATH (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Manths Days Haurs 0/188 WIDOWED DIVORCED and 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 10a, USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) INDUSTRY physician Unknown +OUSEWIFF Unknown 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, or remayal. attending phys Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, or unknown) (If yes give war ar dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address permit. 195-09-9909D INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise ta immediate cause (a) DUE TO stating the underlying couse **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health priar to last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Egger nature of injury of Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (State) 20d. INJURY OCCURRED (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour o.m. Nat While at wark \_1967, and that death accurred at M. 21. I certify that (1) (this haspital) attended the deceased fram /2 M, fram causes and an the date stated above. saw the deceased alive an\_ 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. ATTENDING M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) CEMOYAL Settly on 1/27/67 Bolmar Manor, Md. Fort Lincoln Cem. Funeral Address Mt. Rainiers. Rec'd by REGISTRAR Maryland 24. FUNERAL DIRECTOR Nalley's 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Home Inc.

MARYLAND STATE DEPARTMENT OF HEALTH

DESCO. 01258 PRIME PER CENTER THE PROPERTY OF THE PERSON . 000, 1 HOLE OF THE PARTY OF THE STATE OF THE PARTY OF Mesholia Gangana Mickey of Horosal 22 2 - Colored II. DIANA AIRRY THOMAS IN CAN. W 200 d821/38/15/86 things Housewife myscould Infraction - 5min 5 min. artenicaderon (Corgonary) 3 yrs. 26 Jan 67 12/4/65 25 1/21/6 67 Dodgen derethy a war a 197 67 3408 R.I. ask. mt. Kans, mer effor introduction with the continuous conti

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01261 01259 the attending physician and campletely filled in by the funeral isit permit. Then please remave carban papers. Pages 1 and 2 executed within 24 hours after death . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) O. COUNTY PRINCE GEORGE COUNTY a. STATE b. COUNTY MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside carparate limits, 12 hours BOWIE MARYLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? PRINCE GEORGE GENERAL HOSPITAL YES NO STREET, CHESTNUT 3. NAME OF First Middle Lost 4. DATE 6 7 DECEASED (Type or print) STACY THOMAS DEATH IF UNDER 24 HRS. 6. COLOR OR RACE 9. AGE (In years last birthday) 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH FEMALE NEGRO 110-29-66 DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT The law requires that the death certificate be during most of warking life even if setired) **INDUSTRY** Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Daniel Sharps Patsy Thomas 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, no, ar unknown) (If yes give war or dates af service NONE Miss Patsy Thomas 4th St, . Chestnut Ave, Md. No burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (t), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) signed by be retained by the haspital ar attending physician. DUE TO Canditians, if any, which gave rise to immediate cause (o), DUF TO stating the underlying cause this certificate has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NOXX 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH af (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d NJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) factory, street, office blda., etc.) Haur a.m. Not While ot wark 21. I certify that (I) (this haspital) attended the deceased from Jan. 28, 19\_67 that (I) (we) last to Tan 29 M. fram causes and an the date stated above and that death accurred at TO FUNERAL DIRECTOR: saw the deceased alive an. 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. X Jan. 30, 1967 M.D. PHYS. directar, page shauld be filed 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) M.D. 6201 Riverdale Rd. Riverdale, Md. Bernardo Alvarado 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) Harmony Memorial Cemetery Prince George county, mD.

ADORESS 3015 12th N. B. RECD BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 2-4-67 24. FUNERAL DIRECTOR Rhines VR A15 (4) 20 M 1/66 ocharles 6-198170

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1262 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY a. COUNTY WEST VIRGINIA PRINCE GEORGE'S MARYLAND Department after death. the funeral 5 may be c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b KEARNEYSVILLE RURAT-UPPER MARLBORO d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitel, give street address) ON A FARM? CROOM STATION ROAD AND CROOMS EXAMINER: This certificate should be executed within 24 hours after death. If any delay is certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to anothe be forwarded to the Chief Medical Examiner's Office along with form PM3. Page State hours #1. BOX YES NO X UPPER MARLBORO NAME OF DECEASED DATE Month Day Year Middle Lest First the 1967 DEATH JANUARY 8 TODD JR ANDREW JAMES (Type or print) 2 with within AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HR\$ DATE OF BIRTH 9. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Devs Hours JAN 1932 MATE CAUCASIAN WIDOWED DIVORCED and ; 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY COUNTRY? during most of working life, even if retired) U.S.A. BISCOE, NORTH CAROLINA pages 1 MOTHER'S MAIDEN NAME FATHER'S NAME MARIE ANTONETTE ANDREW JAMES TODD 9 2 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) permit. I 228-48-6499 OFFICIAL U. S. NAVY RECORDS 51-55.57-59 YES INTERVAL BETWEEN ONSET AND DEATH MMEDIATE CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: INJURIES MULTIPLE EXTREME burial-transit IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating B ed as a burial, underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) WAS AUTOPSY CERTIFICATION PERFORMED? YES X NO [ use to certificate, writing to DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY ★ or CONTRIBUTING □ CAUSE OF DEATH. be P AIRCRAFT ACCIDENT should 20f. (City or town) (County) (State) 20d, INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, MEDICAL 20c. TIME OF INJURY Month, Day, Year at work X Not While factory, street, office bldg., etc.) NEAR UPPER MARLBORO, MD S 8 1967 JAN R: Page ignated and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X the cert files. Accident X Undetermined manner FUNERAL DIRECTOR: Health or its design Natural Causes. Suicide Homicide death resulted from: CHIEF MEDICAL EXAMINER your 4 execute Page 4 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER ACTUAL SIGNATURE DEPUTY MEDICAL EXAMINER JAN 1967 EXAMINER'S director. Address (Street, city, town, or county) KEHOE, MD JOHN NAME (Type) 23d. ALCCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION ! DATE THEREOF 23b. 0 Masonic Cem. REC'D BY REGISTRAR 25a. DATE VR A15ME 3500 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01263 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 01261 HEALTH DEPT: 1. PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY o STATE b. COUNTY ond 3 to o to deoth. Prince George's MARYLAND New York Deportment b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) ofter Bowie DOA New York d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Office alang with farm in Item 18. Give Pages 1, hours NO S First Aid Station Bowie Race Track 123rd. Street 24 hours ofter death. 3. NAME OF 4. DATE Last Month Year within 72 DECEASED (Type or print) DEATH Philip Torocco S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER F UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours WIDOWED DIVORCED 26 Feb. 1899 White Male 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT pages for during most of working life, even if retired) DEPT HUWAYS NEWYORKEN auto Enome in an the certificate, writing the ward "pending" in pencil in 4 should be forwarded to the Chief Medical Exomine<u>r's</u>. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAM certificate should be executed within puo 1210 BORKE AVE BRONK, N.Y. 10469 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT RALPH DABRACCIO (Yes, no, or unknown) (If yes give wor or dotes of service) removol, 073201736 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (6) Heart failure 0 used as o buriol-train buriol, cremation, a DUE TO Arteriosclerotic heart disease unknown Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Diabetes mellitus - known over 6 months NO 9 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) PRIMARY Or CONTRIBUTING STAL EXAMINER: CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page of work ot work 21. I certify that I taak charge of the remains described above, held an Autapsy , Inspection X Inquiry X, and in my apinian Suicide . death resulted fram: Natural causes 3 Accident Hamicide . Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED or its ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 1-26-67 5 may 10 FUNE NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) 23o. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (Stote) REMOVAL (Spedify)
Burial Suitland Maryland
REGISTRAR 25b REGISTRARY SIGNATURE
4007 Washington National 24. FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR 1967 VR A15ME (5) FAEB 6 CHAMBERS CO., Riverdale, Md. 6M 1/66

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FUNERAL DIRECTOR: Page

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execute the certificate,

MEDICAL EXAMINER:

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funeral directar may be retained

This certificate should writing the ward

be executed within 24 haurs after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MARYLAND STATE DEPARTMENT OF HEALTH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01262 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Prince George's Prince George's MARYLAND Marvland b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hr. 20 min Bowie Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Prince George General Hospital YES NO K Rt. 1 Box 3. NAME OF Middle 4. DATE Doy Year DECEASED DEATH (Type or print) Roberta Ann IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE NEVER MARRIED 9. AGE (In years IF UNDER 24 HRS 7. MARRIED lost birthdoy) Months Hours WIDOWED DIVORCED Female White f2. CITIZEN OF WHAT fl. BIRTHPLACE (State or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR U COUNTRY ? during most of working life, even if retired) Finding Ins. Washington, D.C. 0 Secretary 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service Mrs. Edna Mullin--Same item #2 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (6) Shock Rupture of right common iliac artery and vein

Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse

20o. EXTERNAL CAUSE WAS

CAUSE OF DEATH

PRIMARY or CONTRIBUTING

20c. TIME OF INJURY Month, Doy, Year

(b) Multiple pelvic fractures

DUE TO

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

Pedestrian struck by car.

20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form,

foctory, street, office bldg., etc.)

(City or town)

(County) (Stote)

19. WAS AUTOPSY

YES TO

PERFORMED?

and in my opinian

22. DATE SIGNED

NO

Not While Md ot work 7:00am p.m. 1-10-North of Bowie, Md. 21. I certify that I took charge of the remains described above, held an Autapsy Inspection , Inquiry , deoth resulted from: Natural couses Accident X Suicide Homicide Undetermined monner

ACTUAL SIGNATURE **EXAMINER'S** 

Kehoe, M.D.

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

Address (Street, city, town, or county) 23d. LOCATION (City or Town)

(County)

23b. DATE THEREOF 23o. BURIAL CREMATION Burial (Specify) 2/13/67

NAME (Type) John

23c. NAME OF CEMETERY OR CREMATORY

Riverdale, Md.

Rockville, Maryland STRAR 25b. REGISTRAR'S SIGNATURE

Charley &

24 FUNERAL DIRECTOR VR A15ME (5) 6M 1/67

2So. REC'D BY REGISTRAR yson Wheeler Funeral Home Rockville, Maryland JAN 1967

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND PRINCE GEORGE'S y delay is necessary, and 3 to the funeral M3. Page 5 may be MARYLAND Department after death. b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL-UPPER MARLBORO BAI.TIMORE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE JUNCTION OF CROOM STATION ROAD AND CROOMS ON A FARM? State hours 5473 Cedonia Avenue ROAD YES NO X HPPER MARLBORO 3. NAME OF Middle DATE First Last Month Year DECEASED the 72 VITAK 19 67 JAMES FRANCIS JANUARY 8 (Type or print) DEATH 2 with within after death. If a Sive Pages 1, 2 ong with form P 6. COLOR OR RACE | 7. MARRIED 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS NEVER MARRIED last birthday) | Months | Hours MAIE CAUCASIAN AUG 1930 WIDOWED DIVORCED [ and 10a. USUAL OCCUPATION (Give kind of work done ) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? ong BALTIMORE. MARYLAND U.S.A. E any pages in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 00 hours should be executed within 24 hours word "pending" in pencil in Hem I. Chief Medical Examiner's Office IDELIA JOSEPHINE JAMES JOSEPH VITAK GLACKEN and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unkown) (If yes give war or dates of service) permit. I 218-22-1346 OFFICIAL U.S. NAVY RECORDS INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit INJURIES MULTIPLE EXTREME IMMEDIATE CAUSE (a) DUF TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the used as a to burial, c underlying cause last, (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? EXAMINER: This certificate certificate, writing the nould be forwarded to the YES X NO [ 20a. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING ☐ CAUSE OF DEATH. or or 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) Pd AIRCRAFT ACCIDENT shoul 3 shou MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While at work NEAR UPPER MARLBORO, MD 1967 FARM CTOR: Page designated XXXXX 8 JAN 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. and in my opinion the cert DIRECTOR: Undetermined manner Suicide Homicide death resulted from: Natural causes 7 Accident CHIEF MEDICAL EXAMINER 4 your ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE OL for DEPUTY MEDICAL EXAMINER FUNERAL DEPUTY Health **EXAMINER'S** JAN 1967 please ex director. retained OH KEHOE. Address (Street, city, town, or county) NAME (Type) LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) 23d. 23a. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY. of REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25a. VR A15ME 3500 4-64

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARTINE TO THE HEALTH DEPT.  1. PLACE OF DEATH	264 sidence before admission) and give nearest town)  e. IS RESIDENCE ON A FARM2.
a. STATE MARYLAND  b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (if outside corporate limits, write RURAL and RIVERDALE  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  6707 RIVERDALE ROAD, APT # 1  DECEASED  (Type or print)  FREDERICK FRANKLIN VREELAND JR  OF ADTE Month  OF OF OTHER MARY SETTING TOWN (if outside corporate limits, write RURAL and RIVERDALE)  ASTATE  MARYLAND  C. CITY OR TOWN (if outside corporate limits, write RURAL and RIVERDALE)  ASTATE  MARYLAND  C. CITY OR TOWN (if outside corporate limits, write RURAL and RIVERDALE)  ASTATE  MARYLAND  C. CITY OR TOWN (if outside corporate limits, write RURAL and RIVERDALE)  ASTATE  MARYLAND  C. CITY OR TOWN (if outside corporate limits, write RURAL and RIVERDALE)  ASTATE  MARYLAND  C. CITY OR TOWN (if outside corporate limits, write RURAL and RIVERDALE)  ASTATE  MARYLAND  C. CITY OR TOWN (if outside corporate limits, write RURAL and RIVERDALE)  ASTATE  MARYLAND  C. CITY OR TOWN (if outside corporate limits, write RURAL and RIVERDALE)  ASTATE  MARYLAND  C. CITY OR TOWN (if outside corporate limits, write RURAL and RIVERDALE)  ASTATE  MARYLAND  C. CITY OR TOWN (if outside corporate limits, write RURAL and RIVERDALE)  ASTATE  MARYLAND  C. CITY OR TOWN (if outside corporate limits, write RURAL and RIVERDALE)  ASTATE  MARYLAND  C. CITY OR TOWN (if outside corporate limits, write RURAL and RIVERDALE)  ASTATE  MARYLAND  C. CITY OR TOWN (if outside corporate limits, write RURAL and RIVERDALE)  ASTATE  MARYLAND  C. CITY OR TOWN (if outside corporate limits, write RURAL and RIVERDALE)  ASTATE  MARYLAND  C. CITY OR TOWN (if outside corporate limits, write RURAL and RIVERDALE)  ASTATE  ASTATE  MARYLAND  C. CITY OR TOWN (if out	and give nearest town)  e. IS RESIDENCE ON A FARM2
PRINCE GEORGE'S  MARYLAND  D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. LENCTH OF STAY IN 1b  RIVERDALE  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  JUNCTION OF CROOM STATION ROAD AND CROOMS  BOAD, UPPER MARLBORO  3. NAME OF HOSPITAL OR INSTITUTION ROAD AND CROOMS  RIVERDALE  6707 RIVERDALE  6707 RIVERDALE  Month  DECEASED  (Type or print)  FREDERICK FRANKLIN VREELAND JR  DECEASED  (Type or print)  FREDERICK FRANKLIN VREELAND JR  DECEASED	e. IS RESIDENCE ON A FARM?
BOAD UPPER MARLBORO  3. NAME OF FIrst Middle Last 4. DATE Month OF CIDOTH STATION ROAD AND CROOKED 6707 RIVERDALE ROAD, APT # 1  BOAD UPPER MARLBORO  3. NAME OF FIRST MIDDLE ROAD JR DEATH JANUARY 8	e. IS RESIDENCE ON A FARM2
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BOAD UPPER MARLBORO  3. NAME OF FIrst Middle Last 4. DATE Month OF CIDOTH STATION ROAD AND CROOKED 6707 RIVERDALE ROAD, APT # 1  BOAD UPPER MARLBORO  3. NAME OF FIRST MIDDLE ROAD JR DEATH JANUARY 8	ON A FARM?_
3. NAME OF FIRST Middle Last 4. DATE Month DECEASED (Type or print) FREDERICK FRANKLIN VREELAND JR DEATH JANUARY 8	
DECEASED (Type or print) FREDERICK FRANKLIN VREELAND JR DEATH JANUARY 8	Institution: Residence before admission) DUNTY  write RURAL and give nearest town)  e. IS RESIDENCE ON A FARM? YES NO A  THE 1 PART IF UNDER 24 HRS. WY Months Days Hours Min.  12. CITIZEN OF WHAT COUNTRY? U.S.A.  INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE.
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1	10
	YEAR IF UNDER 24 HRS
MALE CAUCASIAN WIDOWED DIVORCED 6 OCT 1940	
COL	IZEN OF WHAT
Electronies Technician Naval Orda. Washington, D.C.  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	.S.A.
BE WARY MANDATON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address	
YES (1963-1964) (19es give war or dates of service) 218-38-8404 OFFICIAL U.S. NAVY RECORDS	
YES 1963-1964 218-38-8404 OFFICIAL U.S. NAVY RECORDS  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) INJURIES MULTIPLE EXTREME	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: INJURIES MULTIPLE EXTREME	IMMEDIATE"
Conditions, If any, which (b) (b) (b)	
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a)	
the the the the transfer of th	
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a)  20a. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING CONTRIBUTION CONTRIBUT	
	(ctata)
20c. Time of Injury Month, Day, Year 20d. Injury Occurred 20e. Place of Injury (Home, farm, factory, street, office bidg., etc.)  1107 22 8 JAN 19 67 at work 2 at work 5 FARM NEAR UPPER MARLEO	1.00
1107 MARIBO 21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X, death resulted from: Natural causes, Arcident X, Suicide, Homicide, Undetermined manner    CHIEF MEDICAL EXAMINER	
21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry A, death resulted from: Natural causes , Ascident X, Suicide , Homicide , Undetermined manner	and in my opinion
CHIEF MEDICAL EXAMINER	
ACTION AC	22. DATE SIGNED
> a . Tel   Examiner's / J	N 1967
EXAMINER'S NAME (Type)  Address (Street, city, town, or county)  Address (Street, city, town, or county)  23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)  Address (Street, city, town, or county)  23c. NAME OF CEMETERY OF CREMATORY  Address (Street, city, town, or county)  23d. LOCATION (City, down or county)	ntv) / (State)
23a. Date thereof 23c. Name of cemetery of crematory 23d. Location (city, down or country) Jan 16 1967 Arling ton National Constray Arling ton	Va
24. FUNERAL DIRECTOR ADDRESS   25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	
VR A15ME W. W. CHAMBERS CO. Silver Spring Med DATE JAN 16 1967 JCha.	res Judge.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01267	7			CERTIFICATI	E OF	DEATH			01	26	5	
PLACE OF DEATH     a. COUNTY	Prince Geor	ges		MARYLAND	2. <b>US</b>	UAL RESIDENCE ( STATE Maryla	Where de	eceased lived, if institu b. COU	tion: Reside	nce befor	e odmiss	ion)
b. CITY OR TOWN write RURAL or	(If outside carparate limit nd give nearest tawn) Cheverly	,	c. LENGTH	OF STAY IN 1b	c. CIT	OR TOWN (If or Carrol	itside car	rparate ilmits, write ku	IRAL and giv	ve neares	t tawn)	,
	ITAL OR INSTITUTION (If no Georges Ger		pital, give street a	ddress)	d. STR	EET ADDRESS		ont Street	-		e. IS RESI ON A I	FARM?
3. NAME OF DECEASED (Type or print)	Lew	st		Middle	lame	Lost	4. DA	TE Mon	th	Doy	Ye	NO ⊠ ear
s. sex Male	6. COLOR OR RACE White	7. MAI	RRIED NEVE	R MARRIED		OF BIRTH 1 29, 19		9. AGE (In yeors last birthday) 53 yrs.	IF UNDER Months	1 YEAR Days		R 24 HRS
100. USUAL OCCUPATIO during most of warking ept of	ON (Give kind of work done g life, even if retired) griculture		J SNDUSTRY	vess or rnment		RTHPLACE (County Cass Cor		or foreign country)  Iowa		TIZEN OF	TAHW	
13. FATHER'S NAME	Edward Wag	ner			14. M	OTHER'S MAIDEN I		Woods				
1S. WAS DECEASED EV (Yes, na, ar unknawn)	/ER IN U.S. ARMED FORCES? (If yes give war ar dates o	f service	16. SOCIAL SECU 505 01		informa		ner (	Addr Carrollton		l.		
Canditians, if on rise to immedia stating the undulast.	erlying couse DUE	TO (b) _R TO (c) _A	uptured	dissectin	the	Aorta					SET AND	
PART II. OTHER S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								19. yı	WAS AUT PERFORM ES D	NO [	
20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Part II of item 18.)  20c. TIME OF INJURY Medical EXAMINER)  20c. TIME OF INJURY Month, Day, Year  Hour a.m.  20d. INJURY OCCURRED While Not While foctory, street, affice bidg., etc.)  (Coun												
20c. TIME OF INJ Hour o.	20c. TIME OF INJURY Month, Day, Year Haur a.m.  20d. INJURY OCCURRED While Nat While al wark of the p.m.  19 20d. INJURY OCCURRED (Stote) And While all wark of the p.m.  20e. PLACE OF INJURY (Hame, farm, fociory, street, affice bldg., etc.)										(Stote)	
	21. I certify that (1) (this haspital) attended the deceased from \$4700 17/1967, ta 18/1, 1967, that (1) (we) las sow the deceased drive on 18/1, and that death occurred oto 40AM, from couses and on the date stated obove											
	220. SIGNATURE  M.D. ATTENDING MED. DIRECTOR DIR										7 MD	
230. BURIAL, CREMATI B u PEMOVAL (Specif	ion, 23b, DATE JHE y) 1/1/6	REOF 7		e of cemetery or assena C			23d. M	. LOCATION (City or To lassena	Cas	(County	Iov	State)
Francis (	or Gasch's Son	ns :		oress lle, Md.		2So. REC'E	BY REG	25b. RI 1-1 1967	gclo			Let

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then pease remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, crematian, or removal, and in any event, within 72 hours affer death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01268 01266 FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o STATE b. COUNTY any deloy is, 2, and 3 to pages 1 and 2 with the State Deportment of Prince George MARYLAND Prince George b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest town) XXXXX Upper Marlboro. 3 hrs. XXXXX Cheverly d XIKE ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Office olong with form Maryla nd 20870 ON A FARM? YES NO -Item 18. Give Poges Prince George General Hospital This certificate should be executed within 24 hours ofter death. NAME OF Middle 4. DATE Lost Month Year DECEASED Walllace Emory 19 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED TIC NEVER MARRIED lost birthdoy) Months Dovs Hours after deoth. 15 May WIDOWED DIVORCED 1889 Negro 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY COUNTRY? U.S.A. A.A. County, Md. \_\_ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME hours Clay Wallace Pricilla 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Maryland the certificate, writing the ward "pending" is 4 should be forwarded to the Chief Medicol buriol-tronsit permit. (Yes, no, or unknown) (If yes give wor or dotes of service) event within 220-28-6422 Mrs. Mary E. Wallace-Upper Marlboro, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: ONSET, AND DEATH Heart failure IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove Arteriosclerotic heart disease unknown rise to immediate couse (a). = DUE TO stoting the underlying couse pup be used 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) or removol, PERFORMED? NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY CONTRIBUTING C EDICAL EXAMINER: CAUSE OF DEATH. cremotian, (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg., etc.) 5 moy be retoined for your TO FUNERAL DIRECTOR: Poge Health prior to burial, cremo Not While Page ot work ot work 21. I certify that I taak charge of the remains described above, Meld an Autapsy Inspection 3. Inquiry x and in my apinian Natural causes Accident Undetermined manner the funeral director. death resulted fram: bricide ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER 1-14-66 **EXAMINER'S** Riverdale Kehoe, NAME (Type) Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) 23b. DATE THEREOF Burial (Specify) Drury, A.A. Co., Md. 1-18-67 Moses Cemetery 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5) Ocharles Huntingtown, Md. Leroy Berry

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01269

## CERTIFICATE OF DEATH

01267

01403	CENTIFICATE	OF PLAIN		01267
PLACE OF DEATH			here deceosed lived, if institution:	Residence befare admission)
RINCE GEORGE'S	MARYLAND	o. STATE MARYLAND	PRINCE GI	EORGE 'S
b. CITY OR TOWN (If autside carparate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If aut	side carparate limits, write RURAL	and give nearest tawn)
write RURAL and give nearest tawn) NDREWS AIR FORCE BAS	E 1HR 4 MTN	FORRESTVI	LLE	16.1
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspit		d. STREET ADDRESS		e. IS RESIDENCE
SAF HOSPITAL ANDREWS		3709 DONN	ELL DRIVE	ON A FARM?
NAME OF First	Middle	Last	4. DATE Manth	Day Year
DECEASED (Type or print) DANNY RU	ISSELL WA	RD	DEATH 10 JANUA	ARY 19 67
SEX 6. COLOR OR RACE 7. MARR		B. DATE OF BIRTH	9. AGE (In years   IF	UNDER 1 YEAR   IF UNDER 24 HR
ALE CAUCASIAN WIDOW	/ED DIVORCED 7	0 JAN 67	lost birthday) M yrs.	onths Days Hours Min
a. USUAL OCCUPATION (Give kind af work done 10)	b. KIND OF BUSINESS OR	11. BIRTHPLACE (County	State, or foreign country)	12. CITIZEN OF WHAT
ring mast af working life, even if retired)	INDUSTRY N/A	PRINCE GE	ORGE'S, MD.	COUNTRY? U.S.A.
B. FATHER'S NAME	-P1-7-6- JOH 128	14. MOTHER'S MAIDEN N		
HOMAS RUSSELL WARD		MARY CARY	LON BELL	
. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	
/es, no, or unknown) (If yes give war ar dates of service)	N/A TH	IOMAS R WA	RD-FATHER-SAM	IE AS #2 ABO
1B. CAUSE OF DEATH (Enter only one cause per line	e far (a), (b), and (c).)			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) C	ARDIAC ARREST			1 ONSET AND DEATH
7735 DUE TO				
Conditions, if any, which gove ) (b) PI	JLMONARY FAILU	JRE		
rise to immediate couse (o), Stating the underlying cause				
	REMATURITY			1HR 4MIN
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	NG TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PEREORMED?
20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL FXAMINER)				YES A NO [
20g. ACCIDENT WAS UNDERLYING ☐ 20b OR CONTRIBUTING ☐ CAUSE OF DEATH	D. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in f	Port I ar Part II af item 1B.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)				
		CE OF INJURY (Home, form	, 20f. (City ar tawn)	(County) (State)
	/hile Nat While foct	ory, street, office bldg., etc.)		
21. I certify that (1) (this haspital) at	tended the deceased fram		9 <u>67</u> , talo JAN	_, 19 <u>6 7</u> , that (X) (we)
saw the deceased alive an 10 JA	AN 19 <u>67</u> , and tha	t death accurred at.	9:40M, fram causes and	
22a. SIGNATURE	16 Mary		MED. A. M. STAFF	22b. DATE SIGNED
armala II, al	DVILLE M.	D. PHYS.	DIRECTOR L PHYS. XX	10 JAN 67
22c. PHYSICIAN'S  RNOINAME (Type) A RRAMO IT COL		22d. ADDRESSUS		ANDREWS
	L,USAF,MC		AFB, WASHINGTO	
3a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY OR	CREMATORIATION	23d. LOCATION (City or Town)	(County) (Stote)
	70000	Lac accia	DV DCOLCTDAD OCL DCOLC	TRADIC CICALATURE
24 SUNERAL DIRECTOR	ADDRESS	25a. REC'D		TRAR'S SIGNATURE

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

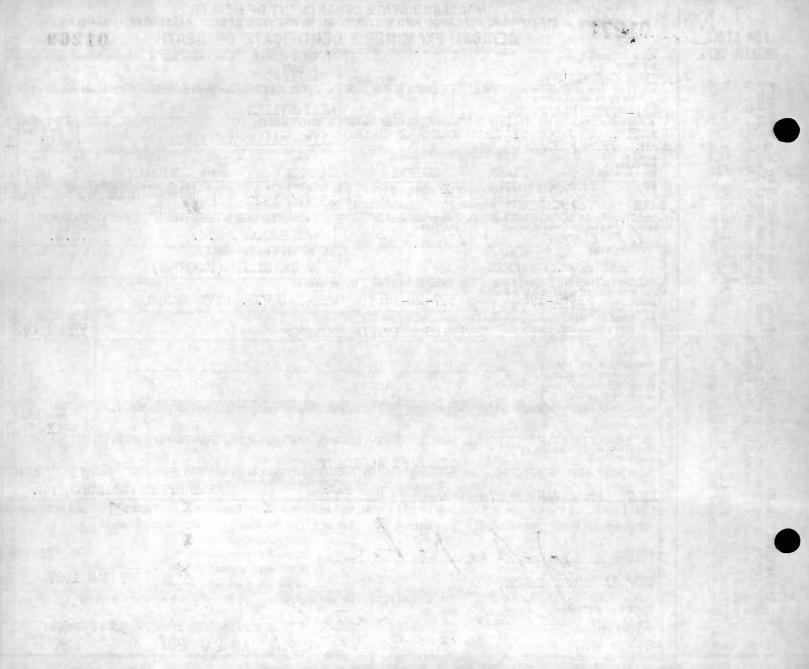
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and shauld be filed with the State Dept. at Health priar to burial, crematian, ar removal, and in any event within 72 hours effect death

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01270 01268 and 2 law requires that the death certificate be executed within 24 hours after death physician and campletely filled in by the funerol ten please remove carban papers. Pages 1 and aval, and in any event, within 72 haurs after deat . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Prince George MARYLAND Maryland Anne Arundel b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)
Riverdale c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Odenton d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Leland Memorial Hospital Odenton Rd. YES NO X 3. NAME OF Middle 4. DATE Last Day Year DECEASED (Type or print) ANNE NIVEN WARNER DEATH January 10 19 67 IF UNDER 1 YEAR S SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** last birthday) Manths Doys Hours Apr. 15, 1916 DIVORCED WIDOWED female white 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Morven, N.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Carlton M. Niven Isabella Niven Niven 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates af service 256-36-5763 James C. Warner -son same as #2 above 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH burial-transit IMMEDIATE CAUSE (a) Generalized Metastatic carcinoma DUE TO Cyst-Adeno-Carcinoma, Left Ovary Conditions, if ony, which gave 8-10Mg. rise to immediate couse (o). DUE TO stating the underlying couse **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Health CERTIFICATION None NO T 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH None (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) foctory, street, affice bldg., etc.) Haur a.m. at work at work 21. I certify that (I) (this haspital) attended the deceased fram June saw the deceased alive on Jan. 9th 1907, and that death , to Jan. 1900 should and that death accurred at 9:130 Floor causes and an the date stated abave. 22a. SIGNATURE 22b. DATE SIGNED Jan. -10-167 DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S director, po should be f NAME (Type) Robert C. Winefield 329 Prince Goo. St. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. Burial (Specify) 1/13/67 Epiphany Episcopal Cem 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Bether John Louis Hopping VR A15 (4) 20 M 1/66 DATE Hopping Funeral Home Annapolis

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STAT MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01269 HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY PRINCE GEORGE'S the funeral MARYLAND Department after death. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b HYATTSVILLE RURAT-UPPER MARLBORO d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ay is 3 to t JUNCTION OF CROOM STATION ROAD AND CROOMS State hours 2115 CHARLESTON PLACE YES NO X UPPER MARLBORO ROAD. and 3. NAME OF First Middle Last DATE Month Year any d 2, an PM3. the DECEASED FRANK WARNER EUGENE DEATH JANUARY 1967 (Type or print) 2 with within after death. If a Sive Pages 1, 2 ong with form P 5. SEX 6. COLOR OR RACE | 7. MARRIEO DATE OF BIRTH AGE (In yeers | IF UNOER 1 YEAR | IF UNOER 24 HRS 9. NEVER MARRIED last birthdey) Months Hours | 13 APR 1922 MATE CAUCASIAN WIDOWED DIVORCED T and 10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) COUNTRY? U.S.A. WASHINGTON, D.C. CAND FATHER'S NAME 14. MOTHER'S MAIDEN NAME EXAMINER: This certificate should be executed within 24 hours certificate, writing the word "pending" in pencil in Item 18 nould be forwarded to the Chief Medical Examiner's Office ak FRANK EDWARD WARNER MAUDE ELLEN (UNKNOWN) 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (U yes give war or dates of service) permit. 577-24-5869 OFFICIAL U.S. NAVY RECORDS CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: INJURIES MULTIPLE EXTREME burial-transit cremation, or AMMEDIATE CAUSE (a) OUE TO Conditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating the O ed as a burial, underlying cause last, (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES Y NO us to 20a. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING CAUSE OF DEATH. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) ld be CERTIF 3 should agent, p AIRCRAFT ACCIDENT 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) MEDICAL 20c. TIME OF INJURY Month, Oav. Year factory, street, office bldg., etc.) FARM 19 67 While X Not While at work NEAR UPPER MARLBORO, MD. R: Page ignated BOX 8 JAN 21. I certify that I took charge of the remains described above, held an Autopsy Inspection K and in my opinion es. Undetermined manner DIRECTOR: death resulted from: Natural causes Accident X Suiclde Homicide CHIEF MEDICAL EXAMINER 4 for your 22. DATE SICNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURI 10 DEPUTY MEDICAL EXAMINER FUNERAL Health JAN 1967 **EXAMINER'S** JOHN KEHOE, MD rector. retained Address (Street, city, town, or county) NAME (Type) 23d. LOCATION (City, town or county) (Stete) BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY DATE THEREOF REMOVAL (Specify) 0 REC'O BY RECISTRAR 25b. RECISTRAR'S SICNATURE FUNERAL DIRECTOR **AOORESS** 25a. VR A15ME 3500 4-64



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01270 FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY and 3 to M3. Page o. STATE Deportment Prince George's MARYLAND Maryland Prince George's b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) ofter Cheverly Hillside DOA d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Office olong with form hours State 57th. YES NO TX Item 18. Give Poges Prince George General Hospital Avenue after deoth. 3. NAME OF First Middle 4. DATE Last Manth Day Year within 72 DECEASED the Weldon 19 67 (Type or print) Lisa DEATH with S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH 9. AGE (In years NEVER MARRIED last birthday) Months Dovs Haurs WIDOWED DIVORCED 24 haurs event Nov. 1966 Female Negro 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State ar fareign cauntry) 12. CITIZEN OF WHAT during most of warking life even if retired) INDUSTRY COUNTRY? = in ony pages all 13. FATHER'S NAME pencil ER'S MAIDEN be executed within and WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 52nd, Aye. removol (Yes, no, ar unknown) (If yes give war ar dates af service permit pending Chief Medica 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) buriol-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Pneumonitis buriol, cremation, or IMMEDIATE CAUSE (a) certificote should writing the word DUE TO Canditians, if any, which gave 0 rise to immediate cause (a), DUE TO stoting the underlying couse 0 00 last. nsed ( PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? please execute the certificate. YES TO NO designated ogent, prior to 2Da. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II af item 1B.) 3 should PRIMARY Or CONTRIBUTING **EXAMINER:** CAUSE OF DEATH. 2Dc. TIME OF INJURY Manth, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 2Df. (City or town) (Caunty) (State) Hour a.m factory, street, office blda., etc.) While Not While may be retained for your FUNERAL DIRECTOR: Page at work at wark 21. I certify that I took charge of the remains described above, held an Autopsy Ex Inspection x Inquiry 5 and in my opinion the funeral director. death resulted from: Natural causes X Accident Suicide Hamicide [ Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER 0 EXAMINER'S John Kehoe, Riverdale, Md. 1-26-67 Heolth of NAME (Type) Address (Street, city, tawn, or county) 230 BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (State) (County) REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. EUNERAL DIRECTOR VR A15ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Parameter in the control of the cont

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01273 CERTIFICATE OF DEATH executed within 24 hours after death. death and campletely filled in by the funeral remave carbon papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Prince Georges Maryland MARYLAND PrinceGeorges haurs after c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Farimont Heights Cheverly hrs ve carbon papers. event, within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO Prince Georges General Hoopital 6007 Lee Place 3. NAME OF Middle Lost 4. DATE Month Doy Year DECEASED DEATH (Type or print) Boy Wellman Jan 67 Baby AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lost birthdoy) Months and in any WIDOWED DIVORCED 29 Jan., 1967 Male Nerro 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) INDUSTRY please physician Prince Georges , Md 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME remayal, requires that the death certif Jeanette Wellman Calvin Ernest Davis 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service 16. SOCIAL SECURITY NO. 17. INFORMANT Address crematian, ar INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (p), (b), ond (c), burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) þ physician. DUF TO signed t Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO use as the talk stoting the underlying couse be retained by the hospital ar attending has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) of Health NO XXX O FUNERAL DIRECTOR: After this certificate ь 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Yeor 20d NJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m Not While ot work of work 1967 to Jan . 29, 21. I certify that (1) (this haspital) attended the deceased from Jan. 29, . 19 67, that (1) (we) last saw the deceased alive an Jan 129/ 167, and that death accurred at 8, 15PM, fram causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE Macric STAFF PHYS. **ATTENDING** M.D. Jan.30,1967 PHYS. 22d. ADDRESS TO HOSPITAL Page 4 may b 22c. PHYSICIAN'S 6201 Riverdale Rd. Riverdale, Md. Bertardo Alvarado. NAME (Type) M.D. directar, shauld 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) PG Marylan 2/11/67 Prince Georges Gen. Hosp. Cheverly Cremetion
24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Charles Meverly, Maryland Jr., Admin.,

MARYLAND STATE DEPARTMENT OF HEALTH

requestional file out to the The Lord Spring Commence and the Tarria and the PRODUCT FOR DAY TO SEE . H. Miller avid St. St. Class and March 1991. The state of the s TOTAL TOTAL TOTAL TOTAL CONTRACTOR OF THE PARTY OF THE PA

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STA MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND PRINCE GEORGE'S MARYLAND the funeral 5 may be Department after death. b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town PIKESVILLE UPPER MARLBORO RURAL d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS lay is 3 to t Page CROOM STATION ROAD AND CROOMS MARLBORO ON A FARM? State hours 1320 SUDVALE ROAD YES ND 1 ROAD and and 3. NAME DE First Middle DATE Month Last 4. Year the 72 DECEASED 1967 JANUARY 8 STUART WERTZ (Type or print) ALAN DEATH 2 with within 5. SEX ive Pages 1, with form 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS 7. MARRIED NEVER MARRIED X last birthday) Months Days Hours CAUCASIAN 13 JAN 43 MALE WIDOWED DIVORCED and a 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Glye kind of work done | 10b, KIND OF BUSINESS OR Give during most of working life, even if retired) COUNTRY? INDUSTRY MARYLAND. USA BALTIMORE 13. FATHER'S NAME MOTHER'S MAIDEN NAME pag Item DONALD EDWIN WERTZ CAROLINE MAY WHEELER 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) | (If yes give war or dates of service) permit. removal, EXAMINER: This certificate should be executed within certificate, writing the word "pending" in pencil in ould be forwarded to the Chief Medical Examiner's OFFICIAL U.S. NAVY RECORDS YES JUL 64-NOV 64 220-429-117 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN DNSET AND DEATH a burial-transit l PART I. DEATH WAS CAUSED BY: TNJURTES MULTIPLE EXTREME IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO (a), stating the O used as a to burial, underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? YES PL ND o o 2Da. EXTERNAL CAUSE WAS PRIMARY (1) or CONTRIBUTING □ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) 3 should I AIRCRAFT ACCIDENT MEDICAL (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) et work X Not While factory, street, office bldg., etc.) FARM NEAR UPPER MARLBORO, MD. 67 JAN CTOR: Page designated the certi 21. I certify that I took charge of the remains described above, held an Autopsy | X Inspection K . Inquiry X and in my ppinipn Undetermined manner death resulted from: Natural causes Accident X Suicide Homicide DIRECTO CHIEF MEDICAL EXAMINER Your Page 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE Or 0 DEPUTY MEDICAL EXAMINER FUNERAL JAN 1967 Health **EXAMINER'S** please edirector. JOHN KEHOE, MD Address (Street, city, town, or county) NAME (Type) BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. 0 0 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25a. 1400 CK. VR A15ME 350D 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01275 FOR STAT 01272 HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o COUNTY o. STATE b. COUNTY 0 PM3. Page jo Prince George's MARYI AND Maryland Prince George's deloy and 3 t pages I and 2 with the State Department b. CITY OR TOWN (If outside cornorate limits. c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) DOA Glenarden Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE h form ON A FARM? ages YES NO 3 Prince George General Hospital 1/17 2nd. Street NAME OF Middle Inst 4. DATE Doy Year DECEASED (Type or print) DEATH Westbrook Fred IF LINDER 24 HR 9. AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED be executed within 24 hours oft lost birthdoy) Months Hours in Item 18, word "pending" in pencil in Item 18. the Chief Medical Examiner's Office al hours after death DIVORCED WIDOWED Jan. Male Negro 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) SIICK MASON FATHER'S NAME pencil MOTHER'S MAIDEN NAME 17. INFORMAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or upknown) (If yes give wor or dotes of service) within INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) event ONSET AND DEATH burial-tronsit PART I. DEATH WAS CAUSED BY: Heart failure minutes IMMEDIATE CAUSE (o). This certificate should writing the word Arteriosclerotic heart disease 5 yrs. over ony Conditions, if ony, which gove rise to immediate couse (a), be forworded to = DUE TO stoting the underlying couse 0 ond SO be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPS removal, PERFORMED? NO please execute the certificate, 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 3 shauld should PRIMARY Or CONTRIBUTING 0 MEDICAL EXAMINER: CAUSE OF DEATH. crematian, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year foctory, street, office bldg., etc.) Hour o.m. Not While FUNERAL DIRECTOR: Poge ot work ot work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection 3 Inquiry x ond in my opinion deoth resulted from: Noturo Quises Accident Suicide 1. Homicide Undetermined monner funeral director. moy be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health prior SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S John 1-18-67 Riverdale, Md. Kehoe, M.D Address (Street, city, town, or county) the NAME OF CEMETERY OR CREMATOR BURIAL CREMATION. 23d. LOCATION (City or Town) (County) (State) 230. DATE THEREO! 0 REMOVAL (Specify) Ebenezen Ch. CemeTery 25 DEANE AVE 1E 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 1967

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HEALTH DEPT

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This certificate should be executed within 24 hours after death. If any delay is icote, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

necessary, please execute the certificate, writing the word "pending"

TO DEPUTY MEDICAL EXAMINER:

Health prior to burial, cremotion, or removal, and in any event within 72 hours after 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01000

## MEDICAL EVAMINED'S CEDTIFICATE OF DEATH

25b. REGISTRAR'S SIGNATURE
67 Minutes

1967

250. REC'D BY REGISTRAR DATE JAN 16

STATO		MILDICAL LAMMINER 3	CENTITICATE	/ DEATH	01273
1. PLACE OF DEATH			2. USUAL RESIDENCE (	Where deceosed lived, if institut	rion: Residence before odmission)
	ce George's	MARYLAND	Maryla		rince George's
b. CITY OR TOWN	If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If a	utside corparate limits, write RUI	RAL and give nearest tawn)
	d give nearest tawn) Rainier		M+ P	ainier	16,1
d. NAME OF HOSPI	TAL OR INSTITUTION (If not in	hospitol, give street oddress)	d. STREET ADDRESS	5. IIIII (c) I	e. IS RESIDENCE
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(Type or print)	Thoma  6. COLOR OR RACE  7.	MARRIED NEVER MARRIED	Whalen 8. DATE OF BIRTH	9. AGE (In years	ary 13 19 67 TIFUNDER 1 YEAR 1 IF UNDER 24 HRS.
				lost birthdoy)	Months Doys Hours Min.
male		WIDOWED DIVORCED	August 18.		1 10 CITIZEN OF WILLY
oring most of working Ret1	N (Give kind of work done	10b. KIND OF BUSINESS OR INDUSTRY	IT. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	rea	Restaurant owner			USA
3. FATHER'S NAME	Thomas Wha	len	14. MOTHER'S MAIDEN	NAME rah Atchinson	
S. WAS DECEASED EV	ER IN U.S. ARMED FORCES?		INFORMANT	Addre	
res, no, or unknown)	(If yes give war or dotes of se	rvice) 217 32 1635A I	ouise W McL	ean Mt Raini	er, Md.
	EATH (Enter only one couse p TH WAS CAUSED BY:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			INTERVAL BETWEEN
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Conditions, if on		Arteriosclerot	cic heart di	sease	unknown
stoting the unde					
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					YES NO X
20a. EXTERNAL C. PRIMARY Or CO		20b. DESCRIBE HOW INJURY OCCURRED	). (Enter noture of injury in	Port I or Port II of item 18.)	
PRIMARY Or CO	INTRIBUTING L.J				
20c. TIME OF INI	URY Month, Doy, Yeor		ACE OF INJURY (Home, for		(County) (State)
Hour o.	m. m. 19	While of work of work of	octory, street, office bldg., etc	.)	
	111.	of the remains described above, h	old an Autaney	Inspection X, Inqu	uiry 🛣 , and in my opinion
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Hyattsville, Md.

VR A15ME (5) 6M 1/67

24. FUNERAL DIRECTOR F. Gasch's Sons

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 01278 CERTIFICATE OF DEATH 04045

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24.	FUNERAL DIRECTO	R		yattsville,	- W	e- REG'D E	BY REGI	STRAR 2Sb RE	GISTRAR'S	SIGNATHI	RE	74117
	H,	. Gasch's	ons H	yattsville,	na.	ATE	U	1967	range	es &	udge	

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filled with the State Dept. at Health prior ta burial, crematian, or remaval, and in any event, within 72 hours after death. VR A15 (4) 20 M 1/66

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

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HEALTH DEPT any delay is pencil in Item 18. Give Pages 1, 2, and 3 ta xaminer's Office along with farm PM3. Page permit. File pages 1 and 2 with the State Department of

This certificate shauld be executed within 24 haurs after death. If

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## DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

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TO DEPUTY MEDICAL EXAMINER:

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01278 01281 CERTIFICATE OF DEATH completely filled in by the funeral ove carban papers. Pages 1 and 2 y event, within 72 hours after death. 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o COUNTY b. COUNTY RiverdaleMARYLAND c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside corporate limits. c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) Riverdale. 10Daywx Riverdale. Md. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 6128 Kenilworth Ave. Eugene Leland Hospital. NO IX requires that the death certificate be executed within 3. NAME OF First Middle 4. DATE Manth Year DECEASED 67 Winters M 19 Florence (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH 9. AGE (In years Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO lost birthdoy) Months Whate 3 Feb. 84 WIDOWED OIVORCED rem 10a. USUAL OCCUPATION (Give kind af work done during mast af warking life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, or fareign country) 12. CITIZEN OF WHAT and in the attending physician a sit permit. Then please Own Home COUNTRY? Pa. Amer Housewife. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Lillie I Reinhardt. Edward R. Boyer 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Leland Hospital ugene (Yes, na, Cunknown) (If yes give war ar dates of service) 4408 Queensbury 220 26 6642 Riverdale, Md. 1B. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (a) by the hospital or attending physician. DUE TO Conditions, if ony, which gave rise ta immediate cause (a), DUE TO as the stoting the underlying cause this certificate has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO? far use NO 20a. ACCIOENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, fgrm, (City or town) (County) (Stote) Hour a.m. Nat While factory, street, affice bldg., etc.) at work at wark O FUNERAL DIRECTOR: After . 19 67 to 1- 20, 19 61, that (1) (we) lost 2]. I certify that (1) (this haspital) attended the deceased from / - / 0 be retained saw the deceased olive on /- 20 19 67, and that death occurred at 676 M, from couses and on the date stated above 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. M D 22d. ADORESS 22c. PHYSICIAN'S COTTAGE NAME (Type) director, should 23a. BURIAL, CREMATION, BURIAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 23/67 Colmar Manor Ft. Lincoln Cemetery Md. 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR
Francis Gasch's Sons 2Sq. REC'O BY REGISTRAR Hyattsville. Md. VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01282 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01279 FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE delay is and 3 to with the State Department of Prince George's MARYLAND Prince George's b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) Cheverly DOA Lanham d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 48. Give Pages 1, 2 along with farm Prince George General Hospital Frederick Road YES NO X This certificate should be executed within 24 haurs after death. NAME OF First Middle 4. DATE Manth Year Day DECEASED (Type or print) Richard THITERS DEATH Carol S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** 8. DATE OF BIRTH last birthday) Manths Davs Haurs any event within 72 hours after death WIDOWED DIVORCED June 1960 Male White 10a. USUAL OCCUPATION (Give kind af work dane during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Maryland rd "pending" in pencil in Chief Medical Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Floyd Winters Janette M Finley 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknawn) (If yes give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Henry C Johnson Lanham, Md. None no 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) Laceration of brain the certificate, writing the ward From multiple skull fractures Conditions, if ony, which gave (b) rise to immediate cause (a), 0 (L) DUE TO stoting the underlying couse remaval, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO IC 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 shauld PRIMARY X or CONTRIBUTING crematian, or MEDICAL EXAMINER: CAUSE OF DEATH. Pedestrian struck by car 20c. TIME OF INJURY Manth, Day, Year 20f. (City ar tawn) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) D Hour a.m.

4:05pmp.m. 1-17- 19 67 at work at work In front of 7726 Frederick Rd. Lanham. Md. FUNERAL DIRECTOR: Page please execute 21. I certify that I took charge of the remains described above, held an Autapsy Inspection x, Inquiry x and in my opinian death resulted fram: Natural causes A. Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER Health priar to ACTUAL SIGNATURE 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) John Riverdale, Md. Address (Street, city, town, ar county) Kehoe, M.D. 1-18-67 23c. NAME OF CEMETERY ORCORNACIONY 23a. BURIAL, CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) 0 Arlington Virginia Jan 20, 1967 Arlington National 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) F. Gasch's Sons Myattsville, Md. 1967 6M 1/67 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01283 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 01280 HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 2, and 3 ta PM3. Page o. COUNTY o. STATE b. COUNTY File pages 1 and 2 with the State Department af Prince George's MARYLAND Marvland Prince George's any delay b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Adelphi Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? ong with farm Give Pages 1802 Metzerott YES NO For Prince George General Hospital MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. NAME OF Middle 4 DATE First Month Doy Year DECEASED (Type or print) Agustus Ober Witter DEATH IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In veors IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours DIVORCED and in any event within 72 hours after death WIDOWED White 7-28-1907 Male 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT in He during most of working life even if retired) Mer. Maryland icote, writing the ward "pending" in pencil in be farwarded to the Chief Medical Examiner's pencil i 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Witter XXXXXXXXX Ada Berwager 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes no, or unknown) (If yes give wor or dotes of service Mrs. Helen V. Witter (above address-(Wife) 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (0) Heart failure DUE TO Rheumatic valvular heart disease with aortic Conditions, if ony, which gove (b) stenosis and auricular fibrillation. since childhood rise to immediate couse (a), DUE TO stoting the underlying couse be used removol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? the certificote, NO X 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld shauld PRIMARY Or CONTRIBUTING O crematian, ar CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dov. Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) may be retained for yaur FUNERAL DIRECTOR: Page Not While ot work please execute ot work 21. I certify that I took charge of the remains described obove, held on Autopsy Inspection x Inquiry x ond in my apinion Notural couses X Suicide , deoth resulted fram: he funeral director. Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE ealth prior DEPUTY MEDICAL EXAMINER **EXAMINER'S** Riverdale, Md. Kehoe, M.D. 1-26-67 NAME (Type) John Address (Street, city, town, or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION (County) 2 Fort Lincoln Cem. Colmar Manor, Md. 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR VR ATSME (S) 6M 1/67

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